

ACKNOWLEDGEMENTS

The San Francisco State University (SFSU) Master in Public Health (MPH) assessment team would like to personally thank the following people for their continued support on this project:

- Legal Services for Prisoners with Children staff including: Karen Shain, Donna Willmott, MPH and Cassie Pierson, Esq.
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Most importantly, the team would like to personally thank each woman who participated in this assessment and shared her experience with us. THANK YOU.

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EXECUTIVE SUMMARY

Oral health of pregnant women is linked with overall health and well-being of women and the health of their unborn children. One of the current prenatal care recommendations of the American Dental Association is for all pregnant women is to get a dental exam and treatment for ongoing oral infections. This is connected to improving pregnancy outcomes in that current research has linked poor oral health of the mother with preterm delivery and low birth weight of the baby. This is especially relevant to pregnant prisoners as women in prison have higher rates of tooth decay and more missing teeth than their counterparts in the general population.

In collaboration with Legal Services for Prisoners with Children (LSPC), San Francisco State University, Master in Public Health students conducted a community health assessment of women who were pregnant while in custody at Valley State Prison for Women (VSPW) in California. The purpose of this assessment was to assess pregnant prisoners' perceptions and experiences of oral healthcare services.

To collect background information for the assessment, the assessment team conducted a literature review on prison issues and on prenatal and oral health issues of pregnant women. To expand on the background information, the team interviewed 14 professionals in the following fields: incarceration, healthcare (dental and prenatal), prison law and policy, and corrections work. Finally, the team composed a steering committee of two formerly incarcerated women to provide community perspective and to ensure the cultural appropriateness of materials produced by the assessment. The principal methodology employed was thirty (30) face-to-face participant interviews conducted with eligible women. Interviews were primarily quantitative with qualitative supporting questions.

Significant findings from the data collected include: 1) most women reported little to no preventative oral healthcare services received while at VSPW; 2) the most common oral health service provided was tooth extractions; 3) oral health issues serve as a barrier to the reunification of mothers with their children into a Community Prisoner Mother Program (CPMP).

INTRODUCTION

In 1976 the Supreme Court decision in *Estelle v Gamble* (1976) ruled that adequate healthcare for prisoners is a constitutional right protected under the Eighth Amendment of the U.S constitution. Nearly 30 years later, the current state of the California prison healthcare system is in crisis with prisoners dying at a rate of one per week. In 2005, a U.S. District Judge, Thelton Henderson ruled that the California prison healthcare system was “an outright depravity” and in violation of prisoners’ human rights. He ordered the prison healthcare system to be turned over to an outside receiver (Sterngold, 2005a).

“These conditions are deplorable and have no resemblance to a medical setting whatsoever.”

- Receiver Task Force (Sterngold, 2005a)

The receiver will determine necessary measures to save lives in California prisons. An assigned task force released a report in November 2005 clearly stating that without immediate and significant changes the prison healthcare system may, “simply collapse” (Warren, 2005). As¹ of November 2005 the search for an appropriate receiver remains ongoing. More specifically, this

“Medical care [at VSPW] sucks. There’s no one here to talk to if you have any questions about your pregnancy. VSPW is lucky to have healthy women with healthy pregnancies.”

- Woman #28 *

same detailed report has cited failed leadership by officials at the California Department of Corrections and Rehabilitation (CDCR) and further discusses the danger the prison healthcare system is in due to the state’s failed policies. As described by the report, California’s prison healthcare system is “disintegrating” and in need of emergency intervention by the federal court, state government and governor.

Between 1980 and 2002, the number of women incarcerated nationally has increased seven fold (Freudenberg, 2002). In California the number of women prisoners has gone from about 1,000 in 1980 to nearly 11,000 in 2002 (CDCR, n.d.; CDCR 2002). In the last seven years, California has doubled spending on healthcare (Sterngold, 2005a). In spite of this increase in spending, women prisoners are not getting basic healthcare. The

* To protect confidentiality and respect the privacy of the women participants of this assessment, the term “woman” and a selected number, is used to represent their names. Quotes are used throughout this report to capture the personal experiences that women contributed.

current mode of all prison operations (e.g. housing, security, staffing, medical services, etc.) are modeled on a standard system based on the incarceration of men and are not reflective of the unique and different needs that women prisoners require particularly pregnant women.

One of the current prenatal care recommendations for pregnant women is to get a dental exam and treatment for ongoing oral infections [American Dental Association, (ADA) 2005]. In the prison system dental care is legally covered under the definition of healthcare in the *Estelle v Gamble* (1976) ruling. In confirmation, in 1986 the U.S. Court of Appeals for the 2nd Circuit upheld a ruling that, “dental needs – for fillings, crowns, and the like – are serious medical needs” and are covered under the *Estelle v Gamble* ruling (Boyer, Nielsen-Thompson, & Hill, 2002). This is especially relevant to improving pregnancy outcomes for prisoners in that current research has linked poor oral health of the mother with preterm delivery and low birth weight of the baby. Even though the CDCR states that women prisoners in California have the highest rates of infant mortality, preventative oral healthcare of pregnant prisoners is consistently neglected and is not part of routine prenatal care at Valley State Prison for Women (VSPW).

In California the CDCR has not prioritized preventative dental care resulting in 12,125 tooth extractions and a mere 39 root canals of women prisoners from 2002-2004 (SB 617, 2005). This

"No one got a [dental] cleaning [during pregnancy]. You could request specific services for a specific pain. The waiting list was like 6 months."

- Woman #10

is in spite of the fact that the National Commission on Correctional Healthcare lists dental care as an essential health service (Treadwell and Formicola, 2005). Tooth cleanings are rarely available in California prisons. In California prisons there is only 1 dentist to every 950 prisoners (California State Auditor, 2000). These trends are in direct opposition to the goals of *Healthy People, 2010*, which are to optimize oral health by increasing the proportion of adults who have never had a tooth

extracted, to increase the proportion of adults who access oral healthcare, and decrease the number of pre-term, low birth weight infants (Lydon-Rochelle, Krakowiak, Hujoel, & Peters, 2004; US Dept of Health and Human Services, 2000).

This community health assessment adds to the limited literature available on the dental health of pregnant prisoners and offers recommendations based on the assessment findings.

PURPOSE & KEY QUESTIONS

The purpose of the Community Health Assessment is to assess pregnant prisoners' perceptions and experiences of oral healthcare services they received while in custody at Valley State Prison for Women between 1997 and Fall 2005.

KEY QUESTIONS OF THE HEALTH ASSESSMENT

1. What are the actual experiences of pregnant women in Valley State Prison around dental care?
2. What do women know about the connection between oral health and a healthy baby?
3. What are the dental care policies of Valley State Prison for pregnant prisoners and how do they differ from American Dental Association recommendations?

ASSESSMENT GOALS

The student health assessment team aimed to understand the experiences of pregnant women's oral healthcare at VSPW. Critical goals of the assessment were (a) measure incarcerated women's knowledge of the connection between oral healthcare and pregnancy outcomes and (b) understand their experience of dental care and oral health during their time at VSPW while pregnant.

AGENCY DESCRIPTION

Founded in 1978 by Attorney Ellen Barry, Legal Services for Prisoners with Children (LSPC) is a well-known and respected agency located in San Francisco, California. LSPC has been a leader in politically and legally challenging the destructive expansion of the prison industrial complex and the impact this expansion has had on underserved and over-burdened communities of color. The agency works to create change within communities that are economically marginalized, specifically women and their children.

LSPC's mission is:

"...to advocate for the human rights and empowerment of incarcerated parents, children, and family members at risk for incarceration through responding to requests for information, trainings, technical assistance, litigation and the development of community activism".

- LSPC, 2005a

Women prisoners and their children are the central focus of the agency because they are virtually invisible to society; women prisoners and their children are the most underserved and impaired group within the prison system. Thus, LSPC specifically focuses on policy issues affecting incarcerated women.

While the programs of LSPC primarily serve women, all prisoners who write to LSPC concerning legal matters receive a response regardless of gender. LSPC strives for empowerment of all prisoners by providing the tools that enable them to advocate on their own behalf. Several LSPC programs work in direct collaboration with present and former prisoners:

- The All of Us or None project aims to eliminate the lifelong discrimination against formerly incarcerated people resulting from felony convictions.
- The Habeas Project works for the release of battered women who are serving time for crimes specifically related to domestic violence.
- The Family Advocacy Network supports family members of prisoners.
- The Medical Advocacy Program attempts to improve the delivery of medical services within the prison.

The diversity of these programs reflects the complexity of the prison system, and the many areas of the system that must be addressed.

The LSPC staff members who will work in collaboration with the MPH community health assessment are: Karen Shain, Administrative Director, Donna Willmott, MPH, Family Advocacy Coordinator, and Cassie Pierson, Esq., Staff Attorney. Both the agency and the team operate under a social justice frame and recognize that the current prison system is harmful to incarcerated individuals, their families and their communities. The team is dedicated to uncovering and understanding the conditions faced by incarcerated mothers and will work to address the health disparities intrinsic to the prison system through community empowerment models.

TARGET POPULATION / COMMUNITY DESCRIPTION

OVERVIEW

The target population for this community health assessment was pregnant prisoners at Valley State Prison for Women, between 1997 and Fall 2005.

Generally, incarcerated women come from economically, educationally, socially and emotionally disadvantaged backgrounds. Many have substance abuse problems, histories of sexual abuse, and histories of domestic violence. Due to these inequalities incarcerated women are at a higher risk for poor pregnancy outcomes than the general population (ACOG, 2004).

“...it is likely that as a result of their disadvantaged backgrounds, a disproportionate number of incarcerated women have acute and chronic illnesses and undetected health problems.”

(ACOG, 2004, pp 89)

Incarceration experts estimate that approximately 100 female prisoners are pregnant at VSPW at any given time (K. Shain, personal communication, May 4, 2005). The CDCR does not report population statistics specific to pregnant prisoners. Population specific information about pregnant prisoners can only be presumed based on reported statistics of the general female population in custody of CDCR.

“I was diagnosed with a high risk pregnancy and the CDCR never followed up with appropriate treatment for a high risk pregnancy and I was in my last trimester.”

Harriette Davis
(Steering Committee
Member, 11/29/05)

AGE DISTRIBUTION

As of June 2005, the CDCR reports that 10,888 women are incarcerated in California (see *Table 1* for the age distribution) (CDCR, 2005b). Over 80% of all women prisoners are of reproductive age (CDCR, n.d.). Approximately, one to six percent of women reported being pregnant at the time of their incarceration (K. Shain, personal communication, May 4, 2005).

Table 1

| Total CDCR Female Population by Age Group | | |
|---|--------------|-----------------------|
| Age Groups | Total Number | Percent of Total Pop. |
| Under 18 | 0 | 0 |
| 18-19 | 69 | 0.6 |
| 20-24 | 1167 | 10.7 |
| 25-29 | 1733 | 15.9 |
| 30-34 | 1708 | 15.7 |
| 35-39 | 2084 | 19.1 |
| 40-44 | 1958 | 18 |
| 45-49 | 1199 | 11 |
| 50-54 | 583 | 5.4 |
| 55-59 | 227 | 2.1 |
| 60 and Over | 160 | 1.5 |
| Total | 10888 | 100 |

ETHNIC / RACIAL DISTRIBUTION

In comparison to the California racial distribution, African American women are significantly overrepresented in the California prison system (see *Tables 2 & Table 3*). The ethnic breakdown for all women prisoners in California are as follows: 38.9% White, 29.2% Black, 26.7% Hispanic (Mexican), and 5.2% other (CDCR, 2005b). CDCR does not account for Asians in their reporting.

| Racial Distribution of CA Female Population | |
|---|-----------------------|
| Race/Ethnicity | Percent of Total Pop. |
| White | 48 |
| Asian | 13 |
| Latina | 30 |
| Black | 7 |
| Other | 2 |

Table 2

| Racial Distribution of CDCR Female Prisoners | |
|--|-----------------------|
| Race/Ethnicity | Percent of Total Pop. |
| White | 38.9 |
| Asian | not accounted for |
| Hispanic (Mexican) | 26.7 |
| Black | 29.2 |
| Other | 5.2 |

Table 3

Source: *Public Policy Institute of California, 2004*

INCARCERATION AND COMMUNITY INTERACTION

At least 85% of incarcerated women have been victims of crime, are mentally ill, or are substance abusers (Freudenberg, 2002). More than 67% of all female prisoners in the California prison system are serving sentences for nonviolent crimes, such as crimes against property, e.g. petty theft, check fraud and/or drug related crimes (SB 617, 2005).

In spite of the physical isolation of the prison system, prisoners continue to be part of society. Most prisoners move from the community to prison and back into the community once released. Before incarceration, 40% of all women in state prisoners were employed full-time (ACOG, 2004). Nearly 30% of women prisoners reported receiving welfare assistance before their arrest.

Because of high rates of poverty and unemployment for incoming female prisoners, most if not all would likely be eligible for Medi-cal/Denti-Cal coverage outside of the prison system [California Department of Health and Human Services, (CDHSS) 2005].

An overwhelming majority of incarcerated women, between 65% and 80%, were caring for dependent children prior to incarceration (Baldwin & Jones, 2001; Greenfeld & Snell, 1999). Most incarcerated women are mothers. When a mother is imprisoned, her children ordinarily end up in foster care or living with a relative other than the father. Therefore, the impact of incarceration of women is potentially devastating for children and families (CNN Law Center, 2005).

ORAL HEALTH PROFILE

Little information is known about the oral health of prisoners. Prisoners are likely to have extensive dental caries and periodontal disease, similar to members of lower socioeconomic groups in the general population. A study of a state prison system found that at every age group prisoners have more missing teeth and a higher percentage of unmet dental needs than U.S. employed adults (Treadwell and Formicola, 2005).

LITERATURE REVIEW

Oral diseases are among the most widespread and preventable chronic health conditions in the United States. They have an immense impact on the general, reproductive and oral health of women including their quality of life and the health of their children (Allston, 2002). The physical and emotional barrier of an unhealthy mouth or a lack of teeth is preventable and treatable. In light of this, current national prenatal care recommendations include a dental exam and treatment of ongoing oral infections for all pregnant women (ADA, 2003; McKinley Health Center, 2005). For restorative dental work (e.g. root canals, fillings) there is no blanket recommendation for pregnant women (ADA, 2005). However current providers outside the prison system are taking a progressive approach that includes preventative and restorative dental treatment for pregnant women (P. Parthsay, personal communications, August 15, 2005).

I. LINKS BETWEEN ORAL HEALTH & PREGNANCY OUTCOMES

Studies suggest that infections in the mouth, including common conditions such as periodontal disease and gingivitis may lead to adverse pregnancy outcomes (Amar & Han, 2003; Gajendra & Kumar, 2004, Jeffcoat, et al., 2001). The biochemical and hormonal changes of pregnancy enhance the risk of gum and periodontal disease (Breedlove, 2004). Pregnant women may not experience noticeable symptoms until advanced disease stages and therefore unknowingly increase the health risks to themselves and their unborn children.

A literature review of the associated risks of pregnancy and poor oral health revealed several risks: premature birth, low birth weight babies, pre-eclampsia, significant risks to fetal growth, fetal loss, ulcerations of the gingival tissue, pregnancy granuloma, and tooth erosion (Azevedo & Isman, 2002; Breedlove, 2004). These all have an impact on overall pregnancy outcomes.

A recent study at the University of Alabama documented that women with periodontal disease were more likely than women without, to have preterm deliveries. Periodontal disease causes the body to produce hormones that may trigger contractions and lead to preterm delivery in pregnant women. Additionally, these finding showed that the risk of preterm births increased as the severity of periodontal disease increased. This study demonstrated that treating periodontal

disease may decrease the risk of having a preterm low-birth weight baby (Azevedo & Isman, 2002). Preterm delivery (PTD) is the major cause of neonatal mortality. PTD accounts for more than 60% of all neonatal mortality (Jeffcoat, et al., 2001). Majorie Jeffcoat, editor of The Journal of American Dental Association has noted that, “Women who are already pregnant when periodontal disease is present are ideally treated with scaling and root planing in the second trimester, which is a pragmatic protocol according to most OB-GYN specialist.” (ADA, 2003)

SOCIAL IMPACTS

Over the last 10 years the number of women in California state prisons has increased dramatically. Approximately 80% of these women have children (Richie, Freudenberg & Page, 2001). Women maintain a significant role in parenting and family support. These women are mothers. When a mother is imprisoned, the social impact of her incarceration can be devastating to her family. Children may end up living with an extended family member or in a foster care placement.

Women are often primary providers and caretakers for their families. After serving their time women most often face barriers to getting critical services such as employment, housing assistance, cash-aid, and food stamps. Their health and well-being have a significant effect on their successful return to their communities. For example, the lack of teeth of incarcerated women is an enormous barrier to employment these women face upon reentry (V. Eisen, personal communication, August 9, 2005).

In addition to the general health of the individual woman and the health of an unborn baby, emotional well-being and social well-being are also affected by the condition of one’s oral health. Adult tooth loss contributes to facial changes and to an overall demoralized appearance with social impacts beyond measure. Moreover, the long-term physical health impacts of tooth loss are critical and life threatening.

Recent reports reveal that adult tooth loss contributes to consumption of decreased fruits,

"I lost four teeth and only needed two pulled at most. The dentist was pull crazy or something. It took me 20 years to be able to afford two bridges."

-Doris Mitchell
(Steering Committee Member,
11/ 27/05)

vegetables and fiber, the inability to absorb essential vitamins, and adult obesity (Centers for Disease Control, 2005).

The prison appears to have a policy of extracting teeth over treating teeth that could be saved. These practices have surpassed frugality and are oppressive. Additionally, oral healthcare provisions, which lead to healthier teeth and gums, have the potential of improving overall quality of life. Status of oral health is associated with speech, social mobility, employability, self-image, and self-esteem (Boyer et al, 2002). Oral health is also linked to overall health, as well as to self-esteem (Treadwell and Formicola, 2005). The greater social impact of poor oral health was a steady theme throughout the literature review.

ORAL HEALTH CARE EXPERIENCES FOR PREGNANT WOMEN IN PRISON

Despite the increasing numbers of incarcerated women, few services exist to address needs and experiences specific to women prisoners (K. Shain, personal communication, May 4, 2005). A comprehensive literature review reveals the paucity of effective programs specific to this community. Particularly noticeable is the dearth of policy recommendations. Rachel Roth, policy researcher for reproductive health in prisons, examines pregnancy policy care for federal and state corrections facilities. To date, only 1 of the 35 states she has contacted in her research specifically mentions dental care within their policies (R. Roth, personal communications, July 7, 2005).

In the course of this community health assessment, several informative interviews were conducted with dental professionals working within correctional facilities. Professionals consistently reported that there is little to no preventative or restorative dental care (e.g. dental cleanings, education, root canals) provided for incarcerated persons. Various reasons were cited for this including; low staffing, budget cuts, and poor conditions of prisoners' teeth and gums that would require deep cleanings, i.e. scaling and root planing (M. Gomez, personal communication, August 9, 2005). The reported normative treatments included extractions, which are used only as emergency treatments outside the prison system (R. Brown, personal communication, August 20, 2005).

Women in prison represent a particularly vulnerable population, having limited access to general medical healthcare, specifically oral healthcare prior to incarceration and while in prison (Hammett, Gaiter, & Crawford, 1998). Despite a request in 2000 by the Surgeon General for an increase in research aimed at improving oral health there has been little research done with the population of women prisons (Lydon-Rochelle, Krakowiak, Hujoel & Peters, 2004). The limited literature that is available on female prisoners and oral health status suggests that incarcerated women have higher rates of tooth decay, more missing teeth and poorer rates of dental care access than their counterparts in the general population (Boyer, Nielsen-Thompson, & Hill, 2002). Poverty, drug use, poor nutrition, and inadequate dental insurance are all contributing factors for the poor oral health of women prisoners.

Furthermore, the detrimental impact of poor oral health on the community of pregnant women in prison is unmistakable. This is particularly relevant to improving pregnancy outcomes for prisoners in that current research has linked poor oral health of the mother with preterm delivery and low birth weight of the baby (Utah Department of Health, 2003). Although the CDCR states that women prisoners in California have the highest rates of infant mortality, preventative or restorative oral health care of pregnant prisoners is consistently neglected and is not part of routine prenatal care (CDCR, n.d.).

II. CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

" [Overall experience of pregnancy at VSPW was] miserable. You don't get the right type of OB treatment. You have to beg for what you need. They just tell you to go on bed rest and drink plenty of water, and deal with the pain."

- Woman #24

As of November 16, 2005 the California Department of Corrections and Rehabilitation (CDCR) incarcerates 11,424 female prisoners (CDCR, 2005b). More than 67% of all female prisoners in the California prison system are serving sentences for nonviolent and/or drug related crimes (SB 617, 2005). Over 80% of female prisoners in California prisons are mothers with minor and dependent children (Freudenberg, 2002). In California prisons, approximately 1% to 6% of the women are pregnant at the time of their incarceration (CDCR, n.d.).

California's prison healthcare system is in crisis. There is a 20% vacancy rate of nurses, doctors and social workers. Also, the prison

salaries are 30%-40% lower than in the private sector making it difficult for the CDCR to recruit quality personnel (Sterngold, 2005a). In the last seven years, California has doubled spending on healthcare to approximately \$1.1 billion without increasing accountability or effectiveness (Sterngold). Currently, there are no state or federal mandates requiring correctional health facilities to obtain any type of accreditation (ACOG, 2004). Women prisoners do not get their basic medical and oral healthcare needs met (SB 617, 2005).

VALLEY STATE PRISON FOR WOMEN

Valley State Prison for Women is located in the isolated rural community of Chowchilla in Madera County. VSPW was originally designed to serve as the housing center for inmates with mobility impairments. Mobility impairments also include pregnant prisoners since they have special housing requirements. Today the prison houses the majority of pregnant women state prisoners in California (CDCR, 2002). VSPW opened in April 1995 and is now one of the largest women's prisons in the world (CDCR, 2005d). The prison houses 3,700 women nearly double its planned capacity of 1,980 (CDCR, 2005c). There are approximately 100 pregnant women at VSPW at any given time (K. Shain, personal communication, May 4, 2005; A. Hardy, personal communication, August, 8, 2005).

Tooth cleanings and preventive dental care are rarely if ever available within California prisons. In lieu of these nationally recommended preventive dental care measures, the prison dentists regularly rely on emergency methods of treatment as the only means of dental care. From 2002 to 2004, the dental care methods of the California Department of Corrections and Rehabilitation

resulted in 12,125 tooth extractions and only 39 root canals (SB 617, 2005). Furthermore, a report conducted by the California State Auditor in 2000 acknowledged there was only 1 dentist to every 950 prisoners (CSA, 2000).

COMMUNITY PRISONER-MOTHER PROGRAMS

In addition to the reported high rates of infant mortality among pregnant women prisoners, infant placement and child custody issues are major

concerns for pregnant prisoners. For many prisoners the fear of losing their baby is

"[My biggest concern of pregnancy at VSPW was] having my baby-having to give her up; how hard it was going to be to separate."

- Woman #29

overwhelming. Currently, prisoners who are pregnant in California have limited options for care and placement of their newborns. There is currently no maternity ward or infant child care program within VSPW. Female prisoners giving birth while in prison are separated from their newborn after two days in the hospital for regular delivery and four days after cesarean section (SB 617, 2005). The newborn can be placed with a family member, if available, or will go into the foster care system (CDCR, n.d.; LSPC, 2005a).

An alternative to delivery in prison and being immediately separated from the newborn is the placement of a pregnant prisoner into a Community Prisoner-Mother Program (CPMP), a residential facility for women prisoners and their children. The CPMP serves as a satellite prison and is located within the community. The CPMP was established in 1980 as a result of 1978 legislation, Assembly Bill (AB) 512 with the goal of each program to “turn the mother off drugs and on to her child” (CDCR, n.d.). However, though the number of women prisoners has increased in California since 1980, the number of CPMP facilities has declined (CDCR, 2002). In California, there are only 3 Community Prisoner-Mother Programs with a total prisoner bed capacity of 70. The three CPMP facilities are in Oakland, Pomona, and Bakersfield. As of November 16, 2005, there were 65 women prisoners housed in the three facilities (CDCR, 2005c). All three facilities are operated by private organizations that contract with the CDCR (CDCR, n.d.).

In order for a woman to be eligible for transfer into a CPMP she must have medical clearance; this includes dental clearance. The woman cannot have any active infections or dental problems that require treatment. An initial visual oral exam occurs during intake at VSPW. A function of this exam is to rate the status of a prisoner’s oral health to determine if they are eligible for a CPMP. Because the CDCR does not have the capacity to offer all women preventative dental care, (e.g., cleanings, root canals, cavity fillings) many women are often left with tooth extraction as the only option to “treat” an infection and gain medical clearance into a CPMP (K. Shain, personal communication, May, 4, 2005). Moreover, because of institutional delays and waitlists for any dental care, many women are not qualifying for a CPMP in a timely manner and are losing their children to the foster care system.

MEDICAID/MEDI-CAL/DENTI-CAL

Medicaid is a federal program that provides insurance to otherwise uninsured, typically poor people who have qualified disabilities. Pregnant women are eligible for Medicaid. One provision of Medicaid [Sec 1902 (r)(2)] permits states to cover pregnant women and children without regard to income (Holahan, 1997). No state fully exploits this flexibility, but some states use this provision to significantly extend coverage to pregnant women and children. In California, pregnant women who earn up to 200% above the federal poverty level (FPL) are eligible for Medi-Cal and Denti-Cal health insurance under Title V, Mother Infant programs (Department of Human Services, 2005; Holahan).

Medi-Cal is the California version of Medicaid and Denti-Cal is the dental insurance that is provided in tandem to Medi-Cal. Because of high rates of poverty and unemployment for incoming female prisoners, most if not all of these women would be eligible for Medi-cal/Denti-Cal if they were in the community (CDHHS, 2005). Because Denti-cal programs cover preventative dental care for pregnant women, including dental cleanings and in some cases root canals (Alameda County Refugee Health Program, 2000), pregnant prisoners should be entitled to the same prenatal dental care while incarcerated.

III. PROMISING APPROACHES FOR IMPROVED RESULTS

Effective programs designed to improve health outcomes among women prisoners have a number of aspects in common. Successful programs commonly recommend gender specific elements including; utilization of staff that provided strong female role models, opportunities for peer networks to form, and attention given to women's particular experiences as being female (USDoJ, 2001). Furthermore, these programs utilize ecological models with objectives on several levels to reduce poor health outcomes.

PRISONER HEALTH ADVOCACY POLICIES

In 1976, the Supreme Court decision in *Estelle v Gamble*, established that inmates have a constitutional right to healthcare - the only people in the nation to have this right. The decision was based on the understanding that deliberate indifference to serious medical needs of prisoners

constitutes the unnecessary infliction of pain prohibited in the U.S. Constitution under the Eighth Amendment (*Estelle v Gamble*, 1976). This case established the government as responsible for providing adequate medical care to prisoners. The current interpretation of adequate care means care must be provided for any condition--medical, dental, psychological--if the denial of care may result in pain or suffering. This suggests that all dental caries and gum infections should be treated, because as the disease progresses it will lead to further pain and suffering. Additionally, in 1986 the U.S. Court of Appeals for the 2nd Circuit upheld a ruling that, “dental needs- for fillings, crowns, and the like- are serious medical needs as the law defined that term” (Boyer, Nielsen-Thompson, & Hill 2002).

Class action lawsuits have been the most successful means in reaching the current level of healthcare for incarcerated persons in the U.S. (Metzer, 2001). However, in 1995 the Prison Litigation Reform Act (PLRA) placed severe limits on prisoners’ abilities to seek justice for constitutional rights violations. The PLRA imposed restrictions on class action lawsuits for incarcerated people (Levy, 2001). These provisions make class action lawsuits virtually impossible to file in federal courts (LSPC, 2005a).

Prior to the passing of the PLRA, class action lawsuits were a pivotal tool to challenge prison conditions. For example, in 1995 *Shumate v. Wilson* was filed on behalf of California state women prisoners at Central California Women's Facility (CCWF) and California Institute for Women (CIW) for the denial of adequate medical care (LSPC, 2005a). The suit demanded improvements in the policies and practices of medical care provided at CCWF and CIW. *Shumate v. Wilson* (1995) was essential in uncovering the issues faced by female prisoners incarcerated by the CDCR. A court-appointed assessment team monitored the CDCR’s compliance with health regulations and found the prisons out of compliance in eleven key areas (LSPC, 2005b). The suit was settled in 1998 with the CDCR and dismissed in August 2000.

There are two significant pieces of legislations in the California Legislature at this time that are focused on reconciling the disparities and gaps in services for women prisoners. California Senate Bill 617, currently held up in the Senate, would mandate gender specific standards of care for women prisoners, particularly around pregnant prisoners, and establishes a task force to evaluate conditions in all publicly and privately operated correctional institutions for women and

girls (SB 617, 2005). Assembly Bill 478 requires that the CDCR establish minimum standards of prenatal care for pregnant prisoners. Necessary nutrition and vitamins, information and education, and regular dental cleanings are but a few requirements of AB 478 (AB 478, 2005). This bill was signed by the Governor in October 2005 and will be implemented January 2006.

Legal Services for Prisoners with Children maintains a successful history in advocacy and promotion of health issues affecting women prisoners. LSPC is able to bring together experiences and resources from multiple levels (individuals, prisoners, health advocacy organizations, and legislative members in support of policies for pregnant women prisoners) to promote creative and effective policy recommendations through legislation and corrections department change.

COLLABORATIVE PROGRAMS WITH CORRECTIONAL FACILITIES

The current mission and vision of the California Department of Corrections and Rehabilitation includes: collaborations to provide interventions for at-risk populations to achieve successful reintegration into society; transparency and partnerships with the community; and delivery of quality healthcare to all prisoners (CDCR, 2005a).

The literature review shows that best practices for providing health services to women in prison rely on community support and collaborations to implement their programs, thus complimenting the mission of the CDCR. By linking with community health centers and providers for services using a social capital theory and framework, these programs receive financial support, access to qualified health professionals, and the ability to increase prevention and education services (Gatherer, Moller, & Hayton, 2005; Freudenberg, 2002; Flanagan, 1995; Baldwin & Jones, 2000).

Programs such as the public health model developed at Hampden County Correctional Center in Massachusetts utilize special staffing and preventive care. Corrections facilities collaborate with several local community health clinics. The clinics provide ongoing care to prisoners and ensure ongoing continuous care upon release. The key features of this model are based in a proactive versus reactive approach to quality and comprehensive health care. Through early detection, prompt treatment, prevention and education the program strives to achieve a high standard of

care resulting in improved health outcomes and public health (Conklin, Lincoln, Wilson & Gramarossa, 1998).

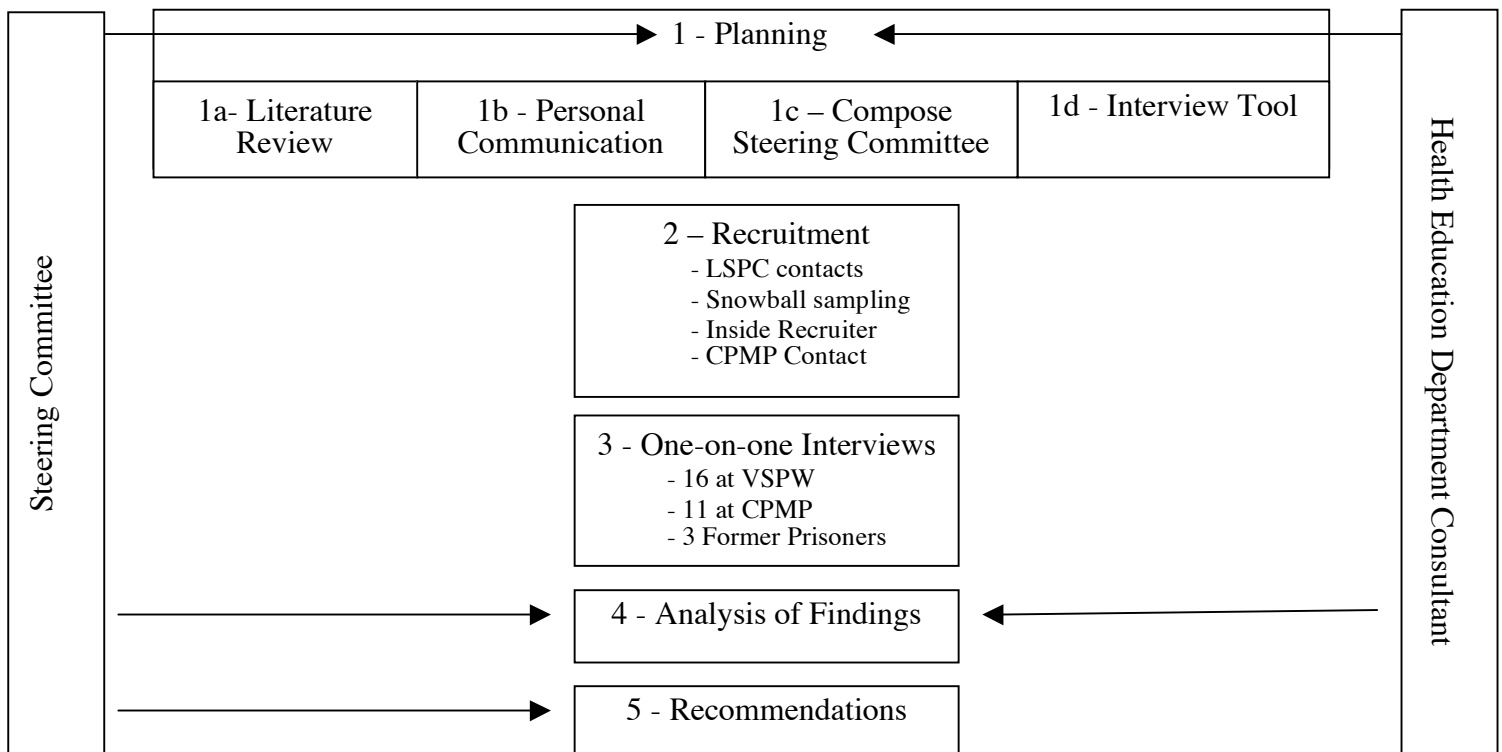
Other successful programs were affective in utilizing academic research and education collaborations with correctional facilities (Alemagno, Wilkinson, Levy, 2004; Grinstead, Zack, Faigeles, 1999; Treadwell & Formicola, 2005). The advantages of this approach include increased access to staffing, greater confidence of the prisoners, opportunity for experience and on-going education of staff in compliance to medical standards, training opportunities for student interns and residents. Additionally it allows the separation of health services and correctional services (Stoller, 2000).

METHODOLOGY & LIMITATIONS

OVERVIEW

This assessment was based on the experiences of pregnant women at VSPW from 1997 until Fall of 2005. The primary methodology employed was one-on-one interviews based on a standardized survey with 30 formerly or currently incarcerated women (see *Figure 1*).

FIGURE 1



PLANNING

LITERATURE REVIEW

The assessment team conducted an extensive literature review to collect background information and context around the dynamics of the prison system and the prenatal and oral health issues of pregnant women. The literature review revealed only sparse available information on the oral health of pregnant prisoners (Treadwell and Formicola, 2005). Due to this the need to expand

the methodology became evident. To fill the gaps of available information the assessment team included a range of personal communications with key experts and professionals in the following fields: incarceration, healthcare (dental and prenatal), prison law and policy, and corrections work.

PERSONAL COMMUNICATIONS

The health assessment team interviewed 14 professionals in the aforementioned fields of expertise. The assessment team initiated contact with the experts and conducted an informal interview tailored to the particular expertise of the interviewee. Below is a list of the professionals that the health assessment team interviewed in the Summer and Fall of 2005.

Prisoner Policy & Law

- Sally Lieber, California State Assemblywoman for District 22
- Alison Hardy, JD, Lawyer, Prison Law Office
- Nancy Stoller, PhD, Professor of Community Studies at UC Santa Cruz
- Rachel Roth, PhD, Assistant Professor of Political Science & Women's Studies at Washington University

Dental/Medical Experts within incarceration settings

- Maybelle Gomez, DDS, San Francisco County Jail Health Services Dentist
- Padmini Parasarathi, MPH, Senior Health Education Specialist
- Ronni Brown, DDS, Dentist for Sonoma County Jails
- Laura Easley, RN, Public Health Nurse with Contra Costa Health Services at Juvenile Hall

Incarceration Experts

- Marc Stambuk, Correctional Counselor II, CDCR
- Vitka Eisen, M.S.W., Ed. D., Managing Director of Criminal Justice Programs, Walden House Inc
- Jeannie Cummings, Home Visit Liaison, Contra Costa County FMCH.
- Yulanda Byrd, Corrections Officer, CDCR
- Emily Yeast, Intake/Outreach Coordinator, CPMP Oakland
- Arlene Purcell, MSW, Division Director of Project Pride at CPMP Oakland

The personal communications helped capture the perspective of specialists in fields relevant to the assessment goals. Additionally, such interviews, as well as, the literature review helped the team develop appropriate questions to best arrive at the experiences of pregnant prisoners and oral healthcare at VSPW.

STEERING COMMITTEE

The health assessment team composed a steering committee of two formerly incarcerated female prisoners to guide the health assessment from a community perspective and to ensure cultural appropriateness of the materials produced by the assessment. The steering committee provided: 1) guidance to the assessment team in developing culturally sensitive questions for the interview tool, and appropriate recruitment and health education materials, 2) informed the recommendations, and 3) verified that the target population was appropriately represented in the final assessment report and the findings were demonstrated properly.

Recruitment

LSPC identified several prospective steering committee members with personal experience with pregnancy during incarceration in the state of California and expertise in the field of prison advocacy. Staff at LSPC made initial contact with potential steering committee members. The assessment team then phoned interested parties and followed up with an introductory letter and a copy of the assessment plan along with an executive summary. Recruitment of members began

"...we [Doris Mitchell and Harriette Davis] felt that this project was very important because we have always advocated for women prisoner's civil and human rights...health rights, including dental care, is a human right..."

- Doris Mitchell
(Steering Committee member)

in June of 2005 and the committee was assembled by July 30, 2005. Doris Mitchell and Harriette Davis decided to participate as members of the steering committee. Both Ms. Mitchell and Ms. Davis have direct experience with issues related to pregnancy while incarcerated in California. Ms. Mitchell, a former LSPC board member, spent a portion of her pregnancy in county jail. Ms. Davis, a current LSPC board member, was incarcerated in both county jail and VSPW on two separate occasions during her pregnancy.

Implementation

The committee was asked to meet three times between July 2005 and December 2005. Meetings were scheduled based on the availability of committee and team members. The three meetings had the following objectives:

Meeting 1, August 10, 2005: Introduced assessment, examined interview protocol, received feedback on recruitment flyer, consent form, and health education material.

Meeting 2, November 2, 2005: Reviewed preliminary findings and discussed proposed recommendations.

Meeting 3, November 18, 2005: Received feedback on overall language and framing of assessment as it relates to women's experiences.

The input and guidance of Ms Mitchell and Ms Davis were invaluable. The team sincerely appreciates the help of the steering committee.

SAMPLING & RATIONALE

In-depth interviews were done with 31 women who were or had been pregnant at VSPW since 1997. This sample included: A) 16 face-to-face interviews with currently incarcerated women at VSPW, B) 3 phone interviews with formerly incarcerated women, and C) 12 face-to-face interviews at CPMP in Oakland. One interview at CPMP was excluded due to ineligibility. This exclusion brought the total sample size to 30. These women provided their direct experience around pregnancy and oral health at VSPW.

As a basis for this assessment, the year 1997 was chosen as the focal year to collect data because this was the year that all pregnant prisoners from Central California Women's Facility (CCWF) were moved to VSPW following the filing of the *Shumate vs. Wilson* (1995) lawsuit. In 1997 VSPW became the primary prison for all pregnant women incarcerated by the State of California. The Shumate class action lawsuit was filed in 1995 on behalf of CCWF and California Institute for Women (CIW) for their being denied adequate medical care (LSPC, 2005a). During this time VSPW was built equipped with new medical facilities. The Shumate case also created awareness and changed State healthcare policy for incarcerated women.

PROTECTION OF HUMAN SUBJECTS

The team took careful measures to ensure the safety and privacy of the women interviewed. This assessment methodology was submitted to, and received approval from the San Francisco State University Office for the Protection of Human and Animal Subjects (see Appendix A for protocol and Appendix B for consent form). Each member of the assessment team also took the National Institute of Health's (NIH) online examination entitled *Human Participant Protection Education for Research Teams* (see Appendix C for all NIH certificates).

The team coded the identification of interviewees using a standard coding system. The contact information and real names of all interviewees were kept separate from all interview notes. Interview notes only included the code and interview location and date. A separate contact form was used to collect their address and information to send the thank you cards, and later the final assessment.

The interview notes were kept in a locked file cabinet at the LSPC office where only the team and limited LSPC staff had access. In the data analysis process only codes were used and no names or contact information was included. The data was never sent via email, and was only kept on password-protected computers of the 5 health assessment team members and LSPC computers.

ONE-ON-ONE INTERVIEWS

The restrictive environment of the prison and CPMP system limited the assessment procedures. As the environment does not readily allow for congregating in groups to conduct focus group discussions, and because of the delicate social dynamic of a prison, the team chose to do individual interviews. One-on-one interviews also increase the privacy and create further comfort for women to speak freely.

To maintain the privacy of, and eliminate the inconvenience for the formerly incarcerated interviewees who live and work great distances from one another, focus groups were not utilized. The assessment team has chosen one-on-one interviews for all participants to develop a rich conversation about the potentially sensitive experiences and opinions of the target population.

ASSESSMENT TOOL

A standardized survey was used, with primarily quantitative questions. Qualitative questions were also included to elicit detailed explanations and elaboration on key quantitative questions. The quantitative aspect allowed the assessment team to stay focused, conduct interviews in a timely manner, and create consistency for better analysis. The qualitative aspect of the interviews allowed for the voices of each woman interviewed to be fully heard. Details surfaced which not only informed the assessment, but allowed space for the women to discuss emotional experiences. The health assessment team believes that the women must be listened to in order to get a holistic understanding of the various issues that may arise when assessing their oral healthcare.

Originally, the assessment included in-depth interviews with all qualitative questions. After piloting two interviews, the tool was redesigned into a standardize survey with primarily quantitative questions for clarity and easier analysis. This change was made through the suggestion and help of assessment consultants, Mia Luluquisen and Katie Vu-Ng, hired by the Health Education Department at San Francisco State University to aid in the development of this assessment. The data collected from the interviews prior to the development of the redesigned assessment tool were analyzed using the same database.

The assessment tool was organized by including a set of questions under each of the following themes: 1) socio-demographic, 2) experiences of pregnancy at VSPW, 3) oral health during and before VSPW, and experiences of dental healthcare services, 4) experiences of labor and delivery during incarceration at VSPW, and 5) overall experience and recommendation for improvement of pregnancy experience at VSPW.

In the assessment tool not all questions were directly associated with the purpose and goals of the assessment. Many questions in section two were included to lead into the theme of oral healthcare, and contextualize the role of oral health in prenatal care. Section four does not directly inform the purpose or goals of this assessment. This section was included to collect information pertinent to issues of prisoner advocacy LSPC is working to address. The assessment team also felt it was important to allow space during the interview for woman to discuss labor and delivery which is a vital portion of their experience with pregnancy at VSPW.

RECRUITMENT

Recruitment for the assessment began in May 2005 and ended in October 2005. The assessment team used personal contacts, LSPC contacts, snowball sampling, and an inside recruiter at VSPW to recruit the 30 eligible women who took part in this assessment.

Snowball Sampling

Through many years of prison advocacy work LSPC has developed relationships with women at VSPW. Through these contacts, LSPC allowed the health assessment team to accompany staff on a prison visit in which we interviewed two women who had been pregnant at VSPW. During this visit the assessment team began snowball sampling by distributing recruitment flyers (see Appendix D) to the women interviewed and asking them to disperse to other women who may be eligible. The health assessment team also gave flyers to LSPC staff and interns to disseminate to those they interviewed on this visit and subsequent visits.

LSPC Contacts

Throughout the history of LSPC paper files have been kept on the many women they have developed relationships with. The health assessment team reviewed the files to find women who may be eligible for the assessment. The team screened all women via phone or email, whose contact information could be located in the files, or through the prison locator service provided by the CDCR. Three formerly incarcerated women were found to be eligible and interested in being interviewed.

Inside Recruiter

The above efforts only resulted in 5 interviews. The team decided to expand efforts by sending recruitment materials to women at VSPW doing long sentences, which LSPC identified, to disseminate. One woman was extremely helpful and became a key member of the recruitment effort in this assessment. She worked in the medical facilities, and had access to pregnant women.

We met with her during the next prison visit, gave more recruitment material and discussed potential barriers to the recruitment process. A few important themes emerged from this discussion, 1) some women were worried they would be retaliated against by corrections offices if they responded to the flyers, 2) some women felt that if they did not have dental issues during pregnancy the team would not be interested in interviewing them and 3) many women did not understand why the assessment was asking questions on oral health and pregnancy, not aware of the correlations between the two. The first theme we had little control over. In response to the second feedback we made slight changes to the flyer to indicate the importance of dental care, and stressed that “all” experiences were of interest. To address the third point, during the first meeting with the inside recruiter, the assessment team carefully discussed the connections between oral health and birth outcomes, and requested that she convey this importance during her recruitment efforts. The response to the inside recruiter was very successful.

The team employed snowball sampling by handing out several flyers, and stamped envelopes to all women interviewed to disperse. We began to hear from women we interviewed that the flyers were being passed around through many women. Through these various efforts we interviewed a total of 16 women at VSPW.

CPMP Contact

During this time the team developed a relationship with the director of the Oakland CPMP, Project Pride, Arlene Purcell, through phone calls and emails. We set up a tour of the CPMP and arranged to present our assessment plan to the women and interview those eligible and interested. The team was able to interview 11 eligible women at CPMP through this effort. The team also presented information about the assessment and gave flyers to 26 formerly incarcerated women at the Female Offender Treatment and Employment Program on Treasure Island. No interviews developed from this effort.

INTERVIEW PROCESS

Once the team had information that a woman was interested in an interview, an introductory letter on LSPC letterhead (see Appendix E) was sent, requesting an interview on a preset prison

visit date for interviewee with women currently at VSPW. A self-addressed, stamped envelope was included for women to respond indicating their interest or disinterest.

The team arranged three legal visits at VSPW through a staff lawyer at LSPC, Cassie Pierson, in advance for August 26, 2005, September 23, 2005, and October 14, 2005. Depending on the number of interviews scheduled during each visit, interviews were either conducted one on one, or in teams of two, where one member facilitated the interviewing, while the other took notes. Recorders of any kind were not allowed during prison visits therefore hand written notes were carefully taken. Each interview took approximately 45 minutes to an hour. The number of interviews conducted on a single day ranged from 2 to 9 depending on the number of interested participants.

All team members used the same interview tool as described earlier in this section (see Appendix F). At the end of each interview, the team distributed oral health education material including information on general dental care and the associations between pregnancy and dental health (see Appendix G), as well as, legal referral forms (see Appendix H).

A debriefing session occurred within a week after each interview for all team members to keep abreast on emerging themes. All one-on-one interviews were completed by October 14, 2005.

ANALYSIS OF DATA

The team created an Excel database with two spreadsheets, one for quantitative data and one for qualitative data. Identification codes were used along the x-axis, and each interview question lined the y-axis of the excel spreadsheet. Each member entered the data from each interview. Quality control of the data entry was completed through random checks on over 20 questions.

For analysis of the qualitative questions, each member of the team was assigned to analyze a section of questions and pull out primary themes specific to the question. All team members reviewed all data and developed consensus on themes within sections and also extracted themes, which emerged throughout the interview protocol not specific to any sets of questions.

Key questions specific to the assessment goals were identified in the interview protocol. The qualitative questions served to establish details and further understanding to the quantitative

questions. The team chose to present the findings using both quantitative measures, such as bar graphs, and percentages, as well as, qualitative measures, such as supporting quotes, and primary and secondary themes.

LIMITATIONS

Recruitment & Sample

Primary limitations of the sample are that only women who have direct relationships with LSPC or who have social networks with those women were interviewed. Initially, LSPC referred 44 former prisoners as potential participants to the assessment team. Former prisoners were the most difficult to locate as most of the contact information LSPC provided was outdated and some women did not respond to the assessment's recruitment efforts. From this list, only 3 former prisoners were interviewed.

Once our list of former prisoners was exhausted, the assessment team relied heavily on snowball recruitment and an "inside recruiter" for the recruitment of current prisoners. Since housing and general space is restricted in the prison, and women have limited contact with other prisoners, it is likely that only those prisoners who are housed in proximity to each other were interviewed. Because of race relations in the prison, women of certain races are more likely to socialize, thus our sampling may be skewed based on social networking of certain races at the exclusion of others.

Another limitation in the recruitment is that some women reported being threatened by some correctional officers at VSPW and they were afraid to speak to the assessment team about their experiences. Additionally, our inside recruiter reported that many women did not see the importance of talking about dental care in relationship to pregnancy in prison. In both these cases our recruiter was invaluable in that she was 1) able to provide a trustworthy link between the assessment team and the prisoners, and 2) she was able to distribute recruitment flyers while simultaneously explaining to women the link of dental care and pregnancy outcomes and the importance of the assessment.

Data Bias

There have been very few published studies that have looked at oral health of prisoners and none that have looked at the oral health of pregnant prisoners. Requests by the assessment team to speak to VSPW providers and staff were routinely denied. Therefore they were unable to obtain the CDCR's perspectives of perceived needs and concerns as well as official health care policies and standards of oral health care. Consequently, the assessment team relied heavily on the current and former prisoner's perspectives of prison policy and practices. All data collected from participants was self-reported. Thus recollection of frequency of care visits and type may be inaccurate.

Furthermore the first 3 interviews were primarily qualitative. The tool was changed to a quantitative standardized survey starting at interview 4. The team extrapolated data from the first 3 interviews to fit the new format, and some data was missing.

FINDINGS

The purpose of the Community Health Assessment is to assess pregnant prisoners' perceptions and experiences of oral healthcare services they received while in custody at Valley State Prison for Women between 1997 and Fall 2005. The health assessment team developed three key questions to explore our purpose:

1. What are the actual experiences of pregnant women in VSPW around dental care?
2. What do women know about the connection between oral healthcare and a healthy baby?
3. What are the dental healthcare policies and/or practices for pregnant prisoners at VSPW and how do they differ from the American Dental Association (ADA) recommendations.

The findings outline the oral healthcare experiences of pregnant prisoners at VSPW, and illustrate areas for growth, and change based on these experiences. The findings demonstrate a disparity between the oral healthcare policies of VSPW and ADA recommendations for pregnant women. These findings also reveal CDCR oral healthcare policies that inhibit reunification of women with their children. Finally, from the findings, we learn that pregnant prisoners do not receive information on the importance of their oral healthcare as it relates to the health of their babies.

SOCIO-DEMOGRAPHICS

A total of 30 interviews (*n*) were collected and analyzed. Of the 30 women, 16 were from VSPW, 11 were from a Community Prisoner-Mother Program (CPMP) (for a total of 27 current prisoners) and 3 were formerly incarcerated prisoners. The women in the assessment came from counties all over the state of California.

The majority of the women sampled were serving short sentences for non-violent crimes. Of the women interviewed 5 reported serving less than 1 year, 15 reported serving between 1-3 years of prison time, 6 reported 3-5 years and only 2 reported having to serve more than 5 years (2 missing).

Of our 30 participants, 13 included their partner in their social support system, 13 included their parents, 11 included other prisoners, 14 included other relatives, 6 included their grandparents, 4 included their church in their social support system, and 1 included no social support system of any kind.

As illustrated in *Figure 1*, the self-reported racial/ethnic breakdown of the participants is 39% White, 32% Latina, 18% Black, and 11% Multi-racial (e.g. Black/White or Latina/White). Our sample may not accurately reflect the racial/ethnic breakdown within VSPW because of sampling bias. However, mixed-race is not included in CDCR statistics, which may skew the comparison of race/ethnicity. The race/ethnicity breakdown for all California women prisoners is 38.9% White, 29.2% Black, 26.7% Hispanic, and 5.2% Other (CDCR, 2005b).

Figure 1

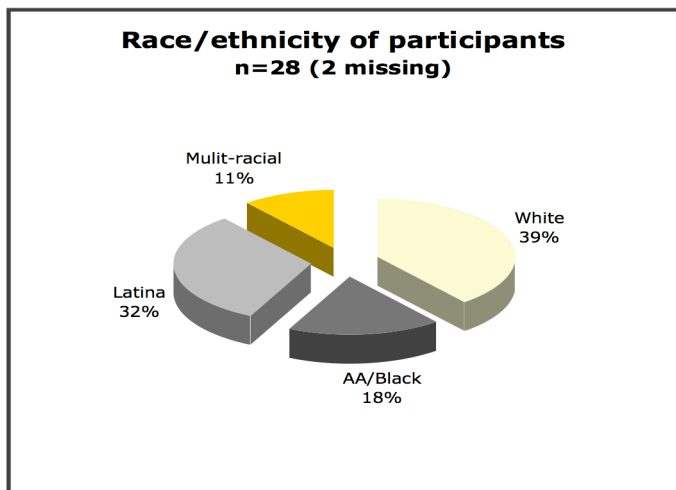
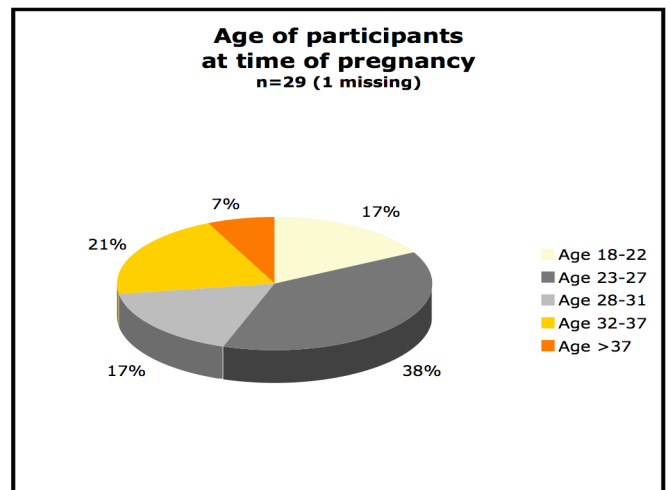


Figure 2



As shown in *Figure 2*, the largest age group of the women who participated in the community health assessment was 23-27 at the time they were pregnant at VSPW. These women made up 38% of the total sample size while.

Figure 3

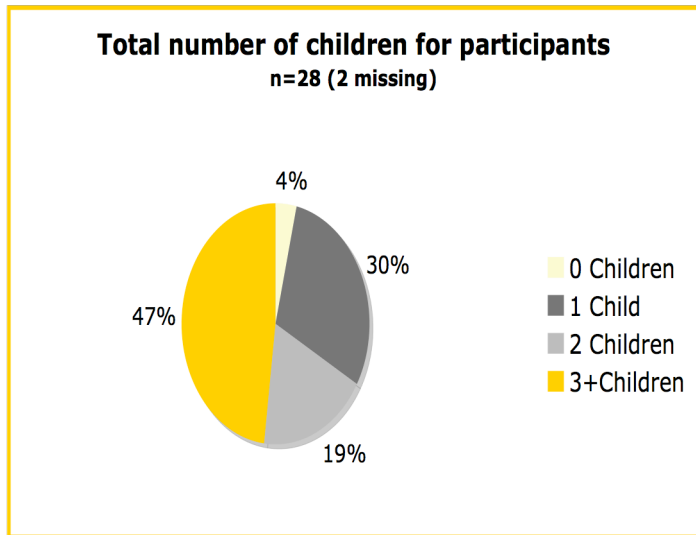
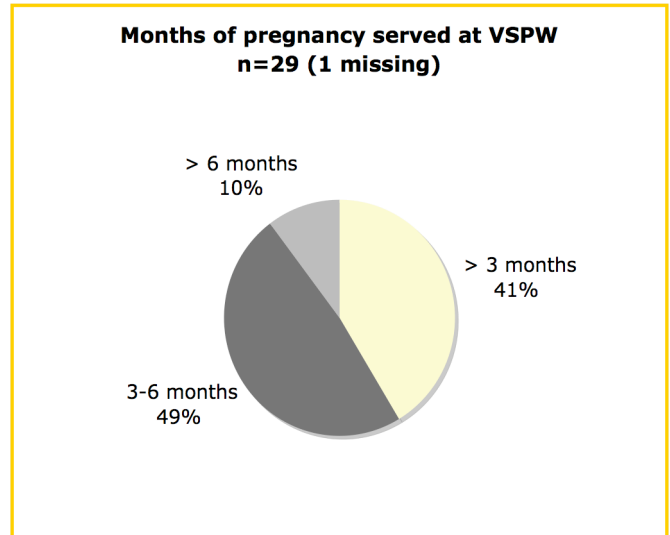


Figure 4



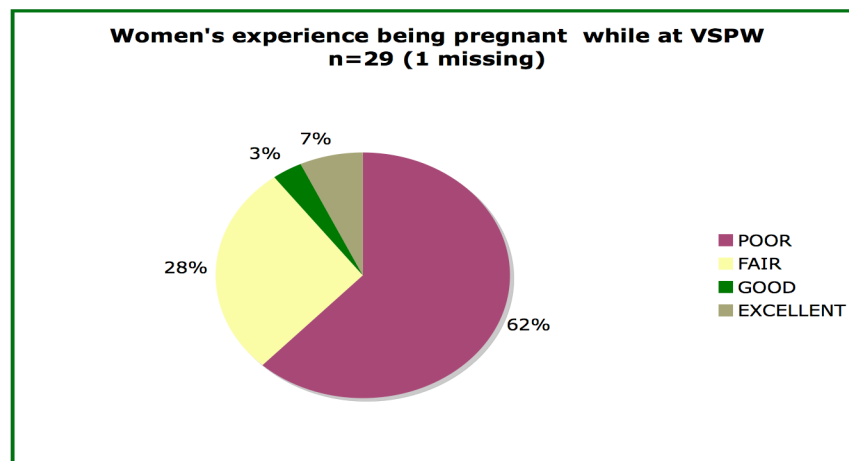
As shown in *Figure 3*, among women in the assessment, 30% reported having one child, 19% had two children, and 47% had 3 or more children.

As reported by the women, 49% reported spending 3-6 months of their pregnancy at VSPW, 41% reported spending less than 3 months of their pregnancy at VSPW and 10% reported spending more than 6 months of their pregnancy at VSPW for (*Figure 4*).

PREGNANCY EXPERIENCES WHILE IN PRISON

“You had to wait for hours. They did not care if you were pregnant. Everyone waited in these cement holding cells for hours.”

Figure 5



Women participants were asked to rate their overall experience of being pregnant at VSPW using a rating scale of 1-4 (1=poor/4=excellent). 62% rated their experience as “poor”, 28% rated their experience as “fair”, 7% rated their experience as “good” and 3% reported their experience as “excellent” (Figure 5). When comparing the qualitative findings of women’s overall experience of being pregnant in prison several of the women showed low expectations, stating the experience was only good or ok considering their circumstances and surroundings.

“I had no real problems. I had a good pregnancy. Being pregnant in jail is hell no matter what.”

“It was ok considering where I was. Treated pretty good but could've gotten more food.”

Conversely, most women stated the overall experience of being pregnant in prison as negative and emotionally isolating.

“Terrible. I didn't have any support then. I had to rely on their [VSPW] people.”

“There's no one here to talk to if you have any questions about your pregnancy.”

All the women reported having visited a medical provider while at VSPW. While the majority of the women in the assessment sample stated they received the community recommended frequency of prenatal care visits (i.e. once a month until month 8, then twice monthly) for uncomplicated pregnancies as well as the recommended type of services while in prison, (i.e. urine tests, ultrasounds, prenatal vitamins, pregnancy related education, diabetes tests etc.) women within the assessment sample were generally unsatisfied with the *quality* of their prenatal care.

“[Medical Providers are] not professional. No bedside manners. Poorly trained. Don't even look at them wrong or everything will be put off [referring to medical care]. They just don't care. I hear they are they lowest in the pool of doctors.”

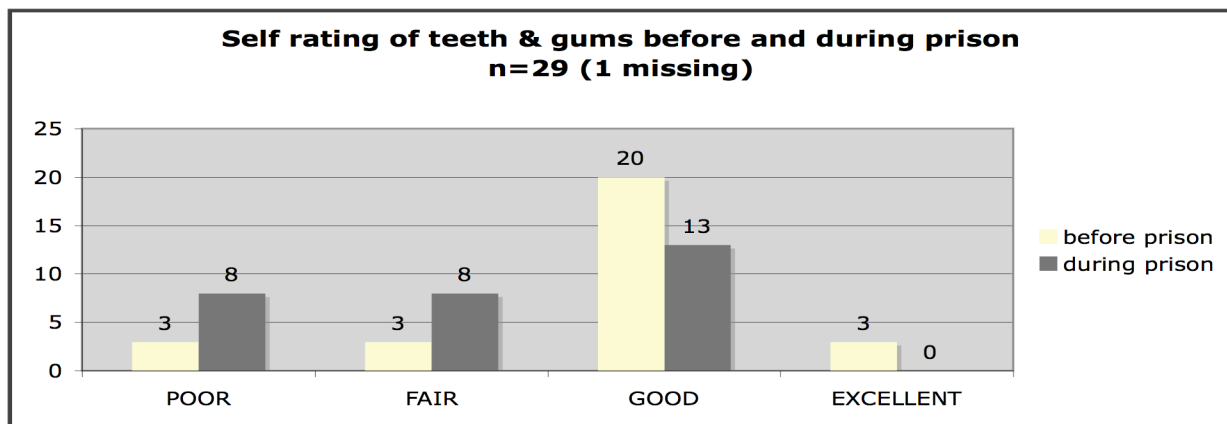
“The doctor didn't want to speak to me or answer any of my questions.”

In fact, their overall negative experience of being pregnant while in prison was closely connected to the quality of the medical and dental care they received while at VSPW. A strong theme weaved throughout the interviews was a general lack of compassion from VSPW staff, a profuse lack of communication from medical providers as well as a lack of faith in these providers.

SELF -REPORTED ORAL HEALTH & CARE OF PREGNANT PRISONERS

Women were asked to rate the health of their teeth and gums before coming to VSPW and while in prison. There was a significant difference in how the participants rated their teeth before incarceration compared to how they rated their teeth while in prison.

Figure 6



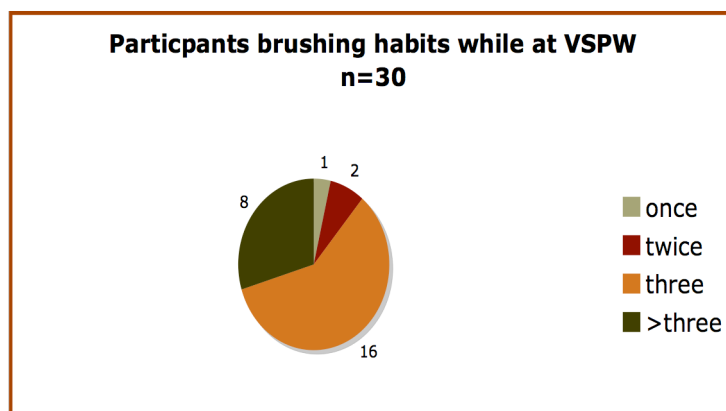
As shown in *Figure 6*, before incarceration 23 of the women rated their oral health as “excellent” or “good.” This number decreased to 13 after they got to prison. Only 6 rated their teeth as “fair” or “poor” before coming to prison, while this figure jumped to 16 who rated their teeth as “fair” or “poor” while at prison. Before prison, most women viewed their personal oral health as positive, and had upbeat feelings about going to the dentist.

“I enjoyed it, I had a regular dentist.”

"I always went to the dentist and I always flossed and brushed."

“I kept up with my teeth. I had a few cavities and one root canal. I brushed daily.”

Figure 7



“Nothing else better to do. I brush all day long.”

The majority of the women in our sample (24) brushed their teeth three or more times daily while in prison (*Figure 7*)

The prison supplies indigent women (less than \$5 on their prison account) with new toothbrushes and toothpaste monthly; women who are not indigent must purchase dental care supplies. We asked the women about the usefulness of the oral health supplies provided by VSPW. Of the 29 women in our sample who stated the prison supplied them with a toothbrush, 19 of the participants stated the toothbrush was not useful and 8 stated the toothbrush was useful (2 missing). Reasons for the toothbrush not being useful are given below:

“Bristles were hard at first and then got too soft and it was too little.”

“They are...harsh on your gums and make your teeth bleed.”

The toothpaste got a slightly higher score. Of the 29 women who stated the prison supplied them with toothpaste, 16 of the participants stated the toothpaste was useful and 12 stated that the toothpaste was not useful (2 missing). Reasons for the toothpaste not being useful are given below:

“It does not freshen your breath and your teeth did not feel clean afterwards.”

“[It’s] not Fluoride toothpaste. Could not brush three times a day because they gave you such a small amount.”

Sometime in the fall of 2005, halfway through our data collection, the prisoners at VSPW started to receive dental floss in their indigent kit and dental floss became available at the canteen (store) for prisoners to purchase.

DENTAL CARE OF PREGNANT PRISONERS AT VSPW

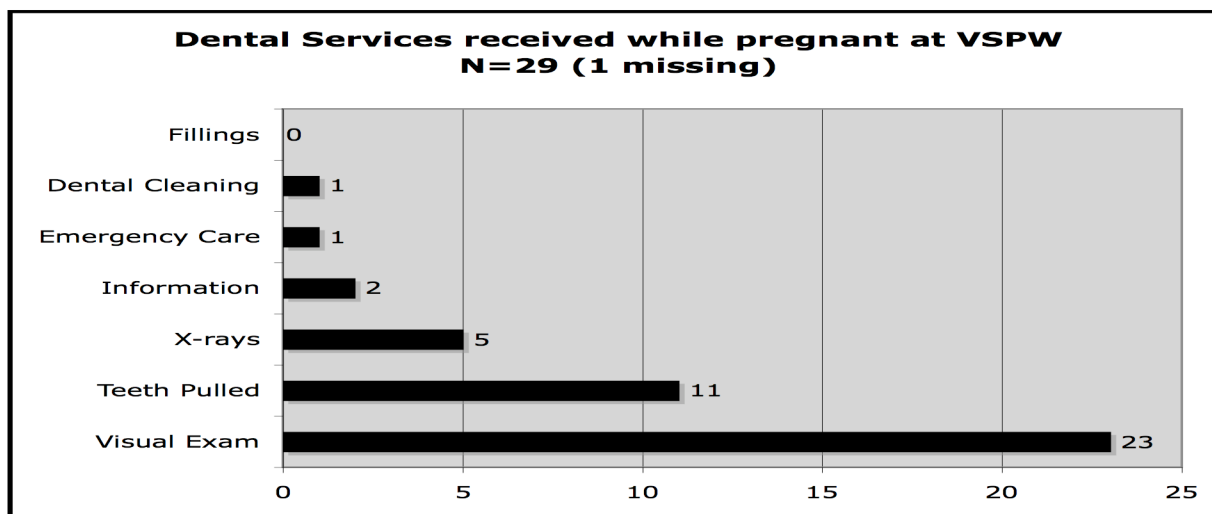
“There is no dental care here.”

Women participants were asked various questions that related to their oral healthcare. More specifically, women were asked about the types of oral healthcare they received while in prison. The findings show that preventative oral healthcare was scarce for this sample. The majority of the assessment sample reported that they did not receive dental cleanings as part of their prenatal care (only 1 woman reported receiving a dental cleaning). While many women (11) reported having teeth pulled for infections, cavities or for cracked teeth.

“I needed two teeth filled. It was a long wait-list. I had...them pull it at my request. That way they wont mess me up like everyone else. The dentist told me, ‘you are getting free care so don’t complain.’”

As seen in *Figure 8*, from the total *n*, 23 received a visual exam at one time, 11 had at least one tooth pulled, 5 received x-rays, 2 received general information regarding teeth, 1 received emergency dental care, 1 woman received a dental cleaning and no one in our sample received dental fillings.

Figure 8



Visual exams were provided only when prisoners were first admitted into the facility. During this exam, the dentist provides a rating of the health of the prisoner's teeth based on a 1-4 (1 = excellent and 4 =poor) scale. This exam determines if a prisoner is eligible for a CPMP as dental clearance is mandatory. If a prisoner's dental rating is not high enough, she is not eligible for a CPMP program, or for any other treatment program within the CDCR. For several of the women in our assessment sample, a dental clearance was the only thing preventing them from entering into a CPMP and being with their baby.

“[My] teeth were classified as a ‘4’.... I got a tooth pulled in hope of getting me into a CPMP. I am still waiting for this exam. [to be reclassified and eligible for transfer into a CPMP]”

The overwhelming majority of the women in our assessment did not receive preventative dental care and most of the women did not get seen beyond an initial visual exam. Of the women in our sample, 55% reported they had seen the dentist only once while at VSPW, 28% reported seeing a dentist twice, 3% reported seeing the dentist three times, while 14% reported having never been seen by a dentist while pregnant at VSPW. While in prison, only two women in our sample received information on oral health

while pregnant at VSPW. None of the women in our sample knew about the connections between oral health and the health of their baby.

CONCLUSION

“I was depressed weeks after [getting teeth pulled] because my teeth had cavities and were pulled and not filled.”

The oral health experiences of pregnant women within VPSW illustrate a clear picture of deplorable conditions. It is evident that pregnant prisoners are not receiving preventative oral healthcare, as recommended to by the American Dental Association (ADA, 2005).

From our conversations with women it is evident that pregnant prisoners are not receiving oral healthcare education. With the links between oral health and birth outcomes it is essential that all pregnant prisoners receive education on how to maintain healthy teeth and gums while pregnant. Additionally, information should be provided to women about the connections between poor oral health and negative birth outcomes.

“The health and well-being of women prisoners is a public health concern worthy of support from all vested stakeholders.”

- Donna Willmott, MPH
(personal communications,
November 28, 2005)

Throughout the assessment the lack of compassion from VSPW staff, including medical providers, was dominant. Women are made to feel unworthy of compassion and appropriate treatment. Many felt that unless they were bleeding or otherwise seriously and evidently in crisis the staff would not allow them to access care. This created stress and insecurity for women who did not feel empowered to take action when they are experiencing problems or are need of help. This is particularly concerning during pregnancy when a woman is concerned not only for her well-being, but the well-being of her child.

About a year before we began our assessment, LSPC had been concerned with the dental healthcare crisis at VSPW and the social and physical impact of the lack of care women on the inside were receiving. One woman, LSPC was in contact with, had 16 of her adult teeth pulled to get dental clearance for eligibility into a Community Prisoner-Mother Program. This was the only chance she had to be with her children.

During the planning stages of our assessment, the team met with one woman at VSPW who had recently miscarried in prison. She also had four impacted wisdom teeth. She wanted to enter a drug treatment program within VSPW; dental clearance was required for her admittance into this program. To qualify for the program she agreed to allow the prison to pull the four healthy molars next to her wisdom teeth. Her wisdom teeth remained and were no longer impacted. At the time of our visit, she was 23 years old with a sunken jaw and a “depressed affect”.

Our interviews revealed that women would have tooth extractions in hope of increasing their dental clearance rating to be with their children. One woman reported that she had her tooth pulled for a small crack in her molar because a cracked molar would work against her overall oral health rating and could jeopardize her eligibility into a CPMP. According to the CDCR *Weekly Report* (CDCR, 2005c) there is an under enrollment of women within the CPMP system. Dental clearance may contribute to this under enrollment. Dental clearance is mandatory for a woman to have eligibility to a treatment program, or a CPMP. However, dental problems should not be a barrier for women to access treatment, or reunite with their children. Furthermore, once a woman is living in a CPMP she must have approval from the CDCR dentist to receive dental care in the community. Dental clearance is often denied to these women for preventative or restorative dental work (E. Yeast, personal communications, October 12, 2005)

The majority (61%) of the women in our sample were income eligible for Medi-cal/Denit-cal prior to coming to prison (Azevedo & Isman, 2002; Appendix J, Figure 11). For women not eligible for Medi-cal, there are other low-cost insurance plans that pregnant women in California qualify for (CDHHS,2005). Within the prison system pregnant women do not receive the same level of medical and dental care as women on the outside. This double standard jeopardizes the health and well-being of current and future generations for communities already overburdened with health disparities. Denial of dental care and prison health care practices that employ extractions rather than treatment are cruel and unusual punishment under the 8th Amendment (*Estelle v Gamble*, 1976). Pregnant prisoners and their unborn child are entitled to more. “The health and well-being of women prisoners is a public health concern worthy of support from all vested stakeholders.” (D Willmott, personal communications, November 28, 2005)

RECOMENDATIONS

The Master in Public Health community health assessment team in collaboration with Community Adjunct Faculty at Legal Services for Prisoners with Children developed several recommendations based on the findings of this health assessment.

The process to determine recommendations occurred in various stages. Ideas for recommendations were selected based on findings from quantitative analysis and qualitative analysis. Additionally, all proposals are supported by secondary data sources including a comprehensive literature review, multiple personal communication interviews, and steering committee review. The following are four recommendations to improve oral healthcare services to pregnant women at Valley State Prison for Women:

1. Dental care should meet community standards.

- ◆ All pregnant prisoners should receive one dental cleaning and treatment of oral infections (enforcement of AB 478).
- ◆ Tooth extractions should not be the default method of treatment.
- ◆ Appropriate care should be provided in a timely manner.

2. Prison administrators should institute policies that allow oral healthcare providers within corrections facilities to provide a community level standard of care to prisoners.

- ◆ Increase the ratio of dentists per prisoner.
- ◆ Increase in the number of on-staff general dental professionals (e.g. dental hygienists, dental assistants, dental technicians).
- ◆ Oral health care providers should be highly qualified.
- ◆ VSPW should increase the number of female oral healthcare providers.
- ◆ Oral healthcare providers should be paid competitive salary, provided with peer support, and continuing education opportunities.

3. Implementation of computerized dental records.

- ◆ Records should follow women as they transfer from county jails, to state prisons, and transitional facilities.
- ◆ Availability of records allows for comprehensive care planning.

- ◆ Availability of records allows women to access to their records upon their release.

4. Poor oral health should not be used as a punishment.

- ◆ Oral health status should not affect eligibility to transfer programs within the correctional system (to treatment or CPMP facilities).
- ◆ Co-pays should not be required.
- ◆ Improvement of communication skills for all oral health care providers at VSPW, in order to increase trust of providers and sense of safety and comfort with providers.
- ◆ Poor oral health affects ones overall social well being.

PROGRAM RECOMMENDATIONS

In the development and selection of follow-up recommendations, the primary criteria included: utilization of a multi-level approach to sustainable change on a systems level and focused on recommendations that would meet the needs of pregnant women at VSPW and dental staff at VSPW and utilize their identified strengths. The following program recommendations were proposed:

Organizational Level

1. Begin a pilot dental provider's community program for dental students to be placed within VSPW facilities to enhance services.
2. Loan forgiveness programs for dental health providers who are employed in prisons.
3. Interdisciplinary collaborations between correctional facilities, public health services, and academic medical centers.
4. Coalition for improving health and well being of pregnant prisoners and their children.

Policy Level

1. Place responsibility of oral health care under CA Department of Health Services.
2. "Delinking" dental clearance with CPMP eligibility.
3. Form a policy that goes beyond providing one cleaning.
4. Comprehensive dental plan that follows women while incarcerated and in discharge planning.
5. Provide 1st trimester dental cleaning for all women as part of prenatal care services.

6. Develop protocol document on oral health care with evaluation piece and submit for receivership review.

Individual Level

1. Pregnancy advocate/liaison onsite in B1 Unit.
2. Increased and improved nutritional food.
3. Pregnant women to be housed in their own area if they so request.
4. Health education services

Further Research Areas

- ◆ Issues around child custody, legal rights, and reunification
- ◆ Explore the best practices of oral health care services within the current CDCR system.

PROGRAM DESIGN

The findings of the assessment indicate that the lack of a community standard of oral healthcare at VSPW compromises the health and well-being of pregnant prisoners and the health of their unborn children. These findings provide a foundation for needed collaborative efforts to improve oral health care provision in prisons and improve oral health outcomes for incarcerated pregnant women and their unborn children. Of the aforementioned recommendations, the health assessment team has selected a promising program for further development.

“We think the [CDCR] is incapable of the[medical] reforms that are necessary....all the Unions are more than willing to work with the receiver.”

- Gary Robinson (E.D. of the Union of American Physicians and Dentists [for CDCR]) (Sterngold, 2005b)

DESIRED PROGRAM GOALS AND OBJECTIVES

Goals:

All pregnant prisoners at VSPW will have healthy teeth and gums. All pregnant prisoners at VSPW are eligible for the Community Prisoner-Mother Programs (CPMP).

Objectives:

- ◆ Pregnant prisoners at VSPW will have an increase in the number of healthy permanent teeth, as defined by the American Dental Association.
- ◆ Increase in timely dental visits for pregnant prisoners at VSPW.
- ◆ An increase in access to preventative oral healthcare, including filled cavities, root canals, and access to fluoridated oral health products (oral gel, mouthwash, dental sealants, and education) for pregnant prisoners at VSPW.
- ◆ Increase in the number of acceptances of pregnant prisoners from VSPW into the Community Prisoners-Mothers Program.

PROGRAM DESIGN

In order to efficiently and successfully address the presented recommendations LSPC will spearhead the development of a task-focused pregnant prisoners' **coalition**. The initial focus of the coalition will be on

oral health and improving health outcomes of pregnant women at VSPW and their children. Coalition members will include state and local stakeholders.

The coalition will promote *education*, *advocacy*, and *action* to improve health outcomes of pregnant women at VSPW and their children. Two tiers of coalition action include:

1. Capacity building: to increase dental providers and dental services available at VSPW. Initiate dental student interns at VSPW to provide necessary services.
2. Policy change: change current dental policy for pregnant women at VSPW (services provided, wait list, CPMP eligibility).

This coalition has the potential to affect the lives of many stakeholders. The health assessment team and LSPC feel strongly of the importance to be accountable to stakeholders in the development of a program to address the needs of pregnant prisoners. Pregnant women within the prison system and their children are the most important stakeholders. This program has the potential to impact their lives, and the lives of their children.

There are many stakeholders as the ripples move further and further away from the direct participants of this program. By extension society at large has a stake in how we treat vulnerable populations. The future generations are impacted by their experiences and will in turn impact the future of society. The stakes are high.

APPENDICES

APPENDIX A: HUMAN SUBJECTS PROTOCOL

Oral Health and Incarcerated Women: a community health assessment of the oral health experiences of pregnant incarcerated women at VSPW

Community Health Assessment Team: Naomi Akers, Pedro Arista, Jessica Cremin, Shireen Malekafzali and Anisha Moore Johnson (Student Health Assessment Team)

Department or College: San Francisco State University Department of Health Education

Advisor/First Reader: Lisa Moore, DrPH, MPH

1. STUDY AIM, BACKGROUND AND DESIGN

This proposal is for a student conducted community health assessment. This community health assessment is a component of the coursework for Community Assessment Practicum (HED 821/831/841) in the Master in Public Health (MPH) program at San Francisco State University (SFSU). This community health assessment will be conducted in collaboration with Legal Services for Prisoners with Children (LSPC), a legal advocacy agency in San Francisco, CA and is scheduled to begin in the Fall 2005 semester.

The student health assessment team aims to understand the perceived benefits and challenges of oral healthcare services provided to current women prisoners and ex-prisoners who were pregnant while in custody at Valley State Prison for Women (VSPW) in California, at some time between 1997 and Fall 2005. Since 1997, most incarcerated women in California have been housed at VSPW.

Critical goals of the assessment are (a) measuring incarcerated women's knowledge of the connection between oral healthcare and pregnancy outcomes (b) and understanding their experience of dental care and oral health during their time at VSPW while pregnant.

Current data links poor oral health of the mother with preterm delivery and low birth weight of the baby (Amar & Han, 2003; Gajendra & Kumar, 2004; Jeffcoat et al., 2001). Studies also suggest that dental caries is transmitted from mother to infant (Azevedo & Isman, 2002). Since 2001, more than 1,100 female prisoners have given birth in prison (SB 617, 2005). Literature available on female prisoners and oral health status suggests that incarcerated women have higher rates of tooth decay and more missing teeth than their counterparts in the general population as well as restricted dental services while incarcerated (Boyer et al., 2002). This literature suggests that preventative dental healthcare (i.e. dental cleanings) can help prevent oral infections and possibly lead to healthier birth outcomes. This assessment will be used to help inform legislators about the potential risks of pregnant women prisoners as well as advice on possible interventions.

Individual interviews will be the primary methodology employed. The assessment tool will include quantitative and qualitative questions. Qualitative data will be transcribed and coded for themes. Themes will be analyzed based on the information participants provide about the perceived benefits and challenges of oral healthcare services at VSPW.

2. SUBJECT POPULATION: INCLUSION CRITERIA, USE OF SPECIAL SUBJECT GROUPS, AND METHODS OF ACCESS

Approximately 20-34 women over the age of 18, who have been or are currently incarcerated at VSPW since 1997 and were pregnant while incarcerated, will be interviewed.

A recruitment package will be sent to a number of incarcerated women at VSPW. This package will include a recruitment letter, a recruitment flyer, and an envelope with return postage. The flyer will contribute to a snowball recruitment method where subjects can recruit other perspective participants of the community health assessment plan. This package will be sent from the collaborative agency, Legal Service for Prisoners with Children. Since all recruitment materials and correspondences sent to prisoners will originate from this legal advocacy agency, they are deemed legally confidential material and correctional staff are legally not permitted to read the contents.

3. PROCEDURES TO BE DONE FOR THE PURPOSES OF THE STUDY

Overview

- Participant interviews of approximately 20-34 women will be completed by Fall 2005.
- The participants will include women who are currently incarcerated and have been or are currently pregnant at VSPW, and women who are no longer in prison, but have been pregnant at VSPW since 1997.
- The assessment tool will include quantitative and qualitative questions.
- Interviews with prisoners will be conducted in Fall 2005 and scheduled and coordinated with VSPW.
- Interviews with formerly incarcerated women will be conducted over the phone since most formerly incarcerated women currently reside in counties outside the Bay Area once informed consent has been provided.
- All interviews will be arranged at a time convenient for the subject.

Recruitment of Participants

- The prisoner advocacy agency, LSPC, who are collaborating with the community health assessment team on this assessment has received letters and established relationships with many pregnant women at VSPW. Through these contacts LSPC has drafted a confidential list of approximately 23 women who have been pregnant at VSPW since 1997, 8 of whom are currently incarcerated.
- For currently incarcerated women, LSPC will send a recruitment letter drafted by the community health student assessment team requesting an interview on preset dates. The letter will also include a recruitment flyer and pre-stamped envelopes for women to write back indicating their interest.
- For formerly incarcerated women, LSPC will provide current contact information of potential participants. The student assessment team will make contact via phone, if phone number is available, and inform them of the assessment using a phone script and recruit them into the assessment and arrange a phone interview time.
- When phone numbers are not available for formerly incarcerated women, the student assessment team will contact potential participants through mail with a recruitment letter introducing the assessment team and assessment and will ask for a current phone number to contact them and arrange a phone interview.

- The community health assessment team will also employ snowball recruitment for participants. Once a woman has been contacted, or interviewed, she will be invited to recruit other women who are or have been pregnant at VSPW since 1997.

Implementation of Interviews for currently incarcerated women

- Prison interviews will be arranged in advance with VSPW beginning in late Fall 2005.
- The assessment team will arrive at VSPW at 9am and leave at 5pm.
- Interview times with the incarcerated women will be pre-set with the prison visiting authority in the visiting room.
- Interviews will be conducted in teams of two, with one member facilitating the interview and another member recording what the participant says.
- During each prison visit assessment team members will interview 4 to 8 incarcerated women based on the recruitment response.

Implementation of Interviews for formerly incarcerated women

- Interview times will be scheduled at a time convenient for the participant (sometime after October 20, 2005).
- Interviews will be conducted over the phone with one member of the student assessment team facilitating the interview as well as recording the participant's responses.

In-Depth Interviews of Participants

- Each interview will take approximately 1 to 1.5 hours. All interviews will be followed up by a minimum of 30 minutes between interviews to allow for the interviewer to complete notes and prepare for next interview.
- Currently incarcerated participants will be asked to fill out the appropriate consent form on the day of the interview, prior to its inception, and will be provided with a copy at that time.
- Formerly incarcerated participants will be read the consent by a member of the student assessment team over the phone and will be asked to provide verbal consent to participate before the interview. Immediately following the interview, participants will be sent two copies of the consent and a stamped envelope and will be asked to mail one signed copy of the consent back to the student assessment team.
- Each student assessment team member will use the same assessment tool, with the same questions.
- The questions will cover the following topics:
 - 1- Participant's perception of pregnancy at VSPW*
 - 2- Participant's perception of oral health before VSPW*
 - 3- Participant's perception of oral health at VSPW*
- The questions regarding general prenatal care services at VSPW are used for contextual purposes and are meant to introduce dental care as a prenatal service and create a more comfortable space for participants to discuss their perceptions and understandings of oral health and pregnancy while at VSPW.
- The note taker will take handwritten notes of the participants' responses.
- At the end of each interview health education material on oral healthcare will be distributed, in person for currently incarcerated women and through the mail for formerly

incarcerated women. This information will include general dental care information, as well as material specific to the associations between pregnancy and dental health.

Proceeding the Interview

- Each primary interviewer will compile an interview report based on the responses to the assessment tool.
- Debriefing sessions among the SFSU assessment team members will follow within one week of each prison visit. The debrief of all interviews with formerly incarcerated women will take place every Wednesday starting after the first interview, and ending after the last interview, from 1pm to 5pm at the SFSU Library.

Analysis of Data Collected

- The benefits described by the interviewees will be noted in detail.
- The challenges as described by the interviewees will be noted in detail.
- Similarities in experiences will give weight to each benefit and challenge.
- Using an excel spreadsheet, data will be transcribed and coded for themes.
- Draft findings will be compiled into a report of findings with recommendations by November 30, 2005.
- A final report will be completed in the spring semester of 2006.

4. RISKS: POTENTIAL RISKS/DISCOMFORTS AND METHOD OF MINIMIZING THESE RISKS

A. There is a risk of loss of privacy. The following measures will be taken to secure confidentiality:

- All recruitment materials and correspondences sent to prisoners will originate from LSPC and thus are deemed legally confidential material.
- Participants will be assigned a unique ID code that will appear on all assessment interview notes in place of participant names to protect participant identity.
- The master list linking participant ID codes with participant names will be stored at LSPC in a locked file cabinet separate from interview notes.
- Participant contact information and consent forms will be kept separate from interview notes in a locked filing cabinet.
- After the findings have been compiled into the final assessment report, all original copies of the interviews will be stored at LSPC in a locked file cabinet separated from ID codes list and individual recruitment information that could identify participants.
- All data will be analyzed with only the participant ID code and will only be stored on computers that are password protected and accessible to only LSPC staff and the student health assessment team.
- No individual identities will be used in any publications or reports.
- Current and former incarceration status of assessment participants will be merged in all publications and reports to protect identity.

B. A possible risk to the participants is embarrassment or discomfort due to the personal nature of health questions and their lack of confidentiality in a corrections setting. The following measures will be taken to mitigate the discomfort and embarrassment:

- Participants will be informed the community health assessment team is not connected to VSPW or the California Department of Corrections (CDCR) in any way.

- Interviews will be conducted in semi-private interview room that is out of hearing range of other prisoners and all corrections staff.
- Participants will be reminded of the confidentiality measures.
- Participants will be informed that the interview is voluntary and they are free to decline an interview.
- Participants will be informed that they are free to stop the interview and/or reschedule at any point during the interview.
- Participants will be informed that they are not required to answer any questions they do not want to.
- Participants will be referred to trained lawyers and prison advocates at LSPC if any issues that arise within the interview are outside the scope of the assessment.
- Participants will be reassured that the notes from the interview will not contain their names and will be kept in a locked file cabinet at LSPC separate from individual information that could identify them.

To mitigate risks to assessment subjects, all members of the health assessment team have been certified by the National Institute for Health's Human Subjects online certification.

5. BENEFITS: POTENTIAL DIRECT BENEFITS TO SUBJECTS AND GENERAL BENEFITS TO A SUBJECT GROUP, MEDICAL SCIENCES AND/OR SOCIETY

There will be no direct benefit for participating in this community health assessment. A potential benefit may be that participation in this assessment could help improve oral healthcare services for pregnant women at VSPW.

6. COMPENSATION

There will be no compensation for participation in this community health assessment.

7. COSTS

There will be no costs to the participants for participating.

8. ALTERNATIVES

The alternative is not to participate in this community health assessment.

10. CONSENT PROCESS AND DOCUMENTATION

All subjects will be oriented to the procedures prior to the onset of the interview. Participants will be encouraged to ask questions. Participants will be asked to sign a copy of the Human Subjects consent form. A copy of the signed form will be provided to each interviewee.

11. QUALIFICATIONS OF THE INVESTIGATORS

Five students will be conducting this community health assessment and SFSU MPH faculty members from the Department of Health Education will oversee and supervise this process.

Naomi Akers is a Master in Public Health student in the Department of Health Education at SFSU. She currently is the Outreach Coordinator for the St. James Infirmary, a free medical clinic for sex workers. She conducts weekly outreach in the Polk, Tenderloin and Mission districts of San Francisco in addition to outreach in the San Francisco County Jail. From 2002-2004 she worked with the HOPE study, a randomized control study evaluating enhanced transitional case management services to HIV+ people in jail. She has also worked with the

Urban Health Study and the St. UFO study. Both studies looked at HIV/HCV risk of injection drug users in San Francisco. She has conducted over 400 quantitative interviews with at-risk and vulnerable populations.

Pedro Arista is a Master in Public Health student in the Department of Health Education at SFSU. He has worked with diverse research projects for the last five years with the University of California San Francisco (UCSF) as a Research Associate developing and implementing various methodologies. Currently, he is a Research Associate II in the Department of Health Psychology at UCSF. He has interviewed over 100 Latino heterosexual adolescents about how sexual relationship dynamics of emotional investment and relative power in their relationships influence a health outcome: condom use.

Jessica Cremin is a Master in Public Health student in the Department of Health Education at SFSU. She has an academic background in Social Work and Adult Education. She has extensive experience working with individuals and families conducting health education, intensive case management and counseling. She has experience in conducting interviews and assessments with at-risk communities.

Shireen Malekafzali is a Master in Public Health student in the Department of Health Education at SFSU. She is an intern with the Program on Health, Equity and Sustainability at the San Francisco Department of Public Health, under the Environmental Health Section. Her work with SFPDH is focused on a community process assessing the health impacts of proposed re-zoning in San Francisco's Eastern Neighborhoods. This project aims to incorporate a health perspective in land use planning while developing a more equitable model of civic participation. She does research and analysis of data related to health and land use connections in San Francisco neighborhoods. She also facilitates aspects of a council of community members assembled to assess the impacts of re-zoning on community health.

Anisha Moore is a Master in Public Health student in the Department of Health Education at SFSU. She has experience working with high-risk populations such as youth of color with various programs at Contra Costa County Department of Health Services. She also provides intensive on-on-one assistance while identifying healthy alternatives.

12. BIBLIOGRAPHY

Amar, S., & Han, X. (2003). The Impact of periodontal infections on systemic disease. *Medical Science Monitor*, 9(12), 291-9 Retrieved April 1, 2005, from http://www.MediSci.Monit.com/pub/vol_9/no_12/3776.pdf

Azevedo, A. & Isman, R. (2002, Fall). Women's Oral Health Status. *Comprehensive Perinatal Services Program Coordination Newsletter*, 1(2), pp. 1, 4. Retrieved April, 2005, from <http://www.mch.dhs.ca.gov/documents/pdf/2002%20Fall%20Final.pdf>

Boyer, E., Nielsen-Thompson, N., & Hill, T. (2002). A Comparison of dental caries and tooth loss for Iowa prisoners with other prison populations and dentate U.S. Adults. *The Journal of Dental Hygiene*, 76(2), 141-3

Gajendra, S., & Kumar, J. (2004, January). Oral health and pregnancy: A review. *New York State Dental Journal*, 40-4

Jeffcoat, M.K., Geurs, N.C., Reddy, M.S., Suzanne P., Cliver, B.S., Goldenberg, R.L., Hauth, J.C. (2001). Periodontal infection and preterm birth: Results of a prospective study. *The Journal of the American Dental Association JADA*, 132, pp. 875-80

Senate Bill 617-Women prisoners: Gender specific standards for women in prison task force. (2005). Introduced by Senator Speier (Principal coauthors: Assembly Members Karnette, Lieber, and Liu) Bill Text, Amended in Senate May 4, 2005 Retrieved May 10, 2005, from <http://democrats.sen.ca.gov/templates/SDCTemplate.asp?pg=senlegislation&cp=MemberPage&sl=Speier&sdn=08>

APPENDIX B: CONSENT FORM FOR PARTICIPANTS

Informed Consent to Participate in a Needs Assessment Oral Health and Incarcerated Women:

A health assessment of the oral health experiences of pregnant incarcerated women at VSPW

Naomi Akers, Pedro Arista, Jessica Cremin, Shireen Malekafzali, Anisha Moore
Department of Health Education – San Francisco State University

A. PURPOSE AND BACKGROUND

Hello my name is _____. I'm an MPH candidate from San Francisco State University (SFSU), working with four other team members on a community health assessment plan (Mention: Naomi Akers, Pedro Arista, Jessica Cremin, Shireen Malekafzali and Anisha Moore) and guided by MPH faculty.

We are working with Legal Services for Prisoners with Children (LSPC) to conduct a Community Health Assessment Plan looking at oral healthcare of pregnant women at Valley State Prison for Women (VSPW). We are trying to learn what dental care women in Valley State are getting. Many researchers and doctors have recently learned that poor oral health during pregnancy may have a negative effect on the baby.

You were recommended to us by LSPC because you have been pregnant at VSPW between 1997 and now. We hope to use the information to develop a plan with LSPC that may improve the oral health of pregnant women prisoners at VSPW. This interview is completely voluntary and you are free to decline.

B. PROCEDURES

If you agree to be in this assessment, the following will occur:

You will be interviewed by two people, one asking questions and one taking notes. Your name will not be on the interview. You will be asked about your personal opinions and experiences of pregnancy at VSPW, dental/oral health before VSPW, and your dental/oral health at VSPW. We will ask you some questions about your experiences being pregnant in prison, your experiences with prenatal care and dental care and the benefits and challenges you may have experienced with dental/oral health at VSPW. You will also be asked to give your opinions about what you felt and thought at the time of your pregnancy. The interviewer will ask you the questions and take notes using pen and paper of your answers. At the end of the interview, the interviewer will give you some health education material to take with you. The entire interview is expected to last about one and a half hours.

At the end of the interview, the interviewer will ask you to recommend anyone you know who has experienced pregnancy at VSPW before 1997 to participate in the assessment. The interviewer will give you a letter introducing the assessment team and process, including a stamped envelope with the address of the LSPC. If the person is interested they can send us a letter stating their interest and we will set up a time to interview them.

The report of the assessment findings will be completed in the spring of 2006, and if you are interested we would like to send you our findings from all the interviews and our recommendations.

These interviews will take place at VSPW and will be arranged in advance with prison authorities for Friday, September 23, 2005 or Friday, October 14, 2005. The interviews with formerly incarcerated women will be arranged based on your and the interviewers convenience and availability.

C. RISKS

Some of the questions you will be asked may make you uncomfortable or upset, but you can choose not to answer any of the questions. You may also stop the interview at any time.

Confidentiality: Taking part in this health assessment plan can involve a loss of privacy. We will protect your records as much as possible. No identifying information will be attached to the meeting notes, or other materials related to the interview procedure. The information you provide will be kept with no identifying information on computers that are password protected and accessible to only LSPC staff and the student health assessment team. The signed consent forms required of all participants will be kept separate from other confidential interview materials. After the findings have been compiled into the final assessment report, all original copies of the notes will be kept at LSPC in a locked file cabinet away from any individual names or list of participants. All reports and publications of the assessment will not include names, or any information that could identify you personally. We will also be merging all interviews of current and former prisoners in a way that would not identify exactly when they were incarcerated between the period of 1997 until now.

D. DIRECT BENEFITS

There will be no direct benefit to you for participating in this health assessment plan. A potential benefit may be that your participation in this assessment could help improve oral healthcare services for pregnant women at VSPW.

E. COSTS

There will be no cost to you for participating in this health assessment plan.

F. COMPENSATION

There will be no compensation for participating in this health assessment plan.

G. ALTERNATIVES

The alternative is not to participate in this health assessment plan.

H. QUESTIONS

You have spoken with (Community Health Assessment Team Member name) about this study and have had your questions answered. If you have any further questions about this assessment, you may contact any team member or Roma Guy, MSW at SFSU at (415)-338-1938 or Cassie Pierson, JD at LSPC at (415) 255-7036.

Questions about your rights as a participant, or comments or complaints about the study, may also be addressed to the Office for the Protection of Human Subjects at (415) 338-1093.

H. CONSENT

You have been given a copy of this consent form to keep.

PARTICIPATION IN THIS RESEARCH IS VOLUNTARY. You are free to decline to participate in this health assessment plan, or to withdraw your participation at any point, without penalty. Your decision whether or not to participate in this health assessment plan will have no influence on your present or future status at San Francisco State University and accessing any services with Legal Services for Prisoners with Children.

Signature _____
Participant

Date: _____

Signature _____
Interviewer

Date: _____



This is to certify that

Naomi Akers

has completed the **Human Participants Protection Education for Research Teams** online course, sponsored by the National Institutes of Health (NIH), on 04/13/2005.

This course included the following:

- key historical events and current issues that impact guidelines and legislation on human participant protection in research.
- ethical principles and guidelines that should assist in resolving the ethical issues inherent in the conduct of research with human participants.
- the use of key ethical principles and federal regulations to protect human participants at various stages in the research process.
- a description of guidelines for the protection of special populations in research.
- a definition of informed consent and components necessary for a valid consent.
- a description of the role of the IRB in the research process.
- the roles, responsibilities, and interactions of federal agencies, institutions, and researchers in conducting research with human participants.



Human Participant Protections Education for Research Teams

Completion Certificate

This is to certify that

Pedro Arista

has completed the **Human Participants Protection Education for Research Teams** online course, sponsored by the National Institutes of Health (NIH), on 04/13/2005.

This course included the following:

- key historical events and current issues that impact guidelines and legislation on human participant protection in research.
- ethical principles and guidelines that should assist in resolving the ethical issues inherent in the conduct of research with human participants.
- the use of key ethical principles and federal regulations to protect human participants at various stages in the research process.
- a description of guidelines for the protection of special populations in research.
- a definition of informed consent and components necessary for a valid consent.
- a description of the role of the IRB in the research process.
- the roles, responsibilities, and interactions of federal agencies, institutions, and researchers in conducting research with human participants.



Human Participant Protections Education for Research Teams

Completion Certificate

This is to certify that

Jessica Cremin

has completed the **Human Participants Protection Education for Research Teams** online course, sponsored by the National Institutes of Health (NIH), on 04/13/2005.

This course included the following:

- key historical events and current issues that impact guidelines and legislation on human participant protection in research.
- ethical principles and guidelines that should assist in resolving the ethical issues inherent in the conduct of research with human participants.
- the use of key ethical principles and federal regulations to protect human participants at various stages in the research process.
- a description of guidelines for the protection of special populations in research.
- a definition of informed consent and components necessary for a valid consent.
- a description of the role of the IRB in the research process.
- the roles, responsibilities, and interactions of federal agencies, institutions, and researchers in conducting research with human participants.



Human Participant Protections Education for Research Teams

Completion Certificate

This is to certify that

Shireen Malekafzali

has completed the **Human Participants Protection Education for Research Teams** online course, sponsored by the National Institutes of Health (NIH), on 04/13/2005.

This course included the following:

- key historical events and current issues that impact guidelines and legislation on human participant protection in research.
- ethical principles and guidelines that should assist in resolving the ethical issues inherent in the conduct of research with human participants.
- the use of key ethical principles and federal regulations to protect human participants at various stages in the research process.
- a description of guidelines for the protection of special populations in research.
- a definition of informed consent and components necessary for a valid consent.
- a description of the role of the IRB in the research process.
- the roles, responsibilities, and interactions of federal agencies, institutions, and researchers in conducting research with human participants.



Human Participant Protections Education for Research Teams

Completion Certificate

This is to certify that

Anisha Moore Johnson

has completed the **Human Participants Protection Education for Research Teams** online course, sponsored by the National Institutes of Health (NIH), on 04/13/2005.

This course included the following:

- key historical events and current issues that impact guidelines and legislation on human participant protection in research.
- ethical principles and guidelines that should assist in resolving the ethical issues inherent in the conduct of research with human participants.
- the use of key ethical principles and federal regulations to protect human participants at various stages in the research process.
- a description of guidelines for the protection of special populations in research.
- a definition of informed consent and components necessary for a valid consent.
- a description of the role of the IRB in the research process.
- the roles, responsibilities, and interactions of federal agencies, institutions, and researchers in conducting research with human participants.

Your Teeth, Your Health, Your Experiences!

Who we are: A team of students from San Francisco State University working with **Legal Services for Prisoners with Children**, a legal advocacy program for prisoners.

What: We want to understand how the prison treats pregnant women and how the prison treats the health of your teeth. We would like to interview you in person. **All interviews will be confidential.**

~If you would like to participate, you must have been pregnant in the past or are pregnant now. Please answer these questions:

Detach -----

Yes I would like to participate____

Are you pregnant now? Yes____ No____

What year were you last pregnant in prison? _____

What is your full name _____

Prison number _____

Release Date _____

***Please detach and return this section in the stamped envelope provided.**

Or send us a letter saying you are interested in meeting with us to discuss the project further. LSPC 1540 Market St., #490 San Francisco, CA 94102

APPENDIX E: CURRENT PRISONER RECRUITMENT LETTER

LEGAL SERVICES FOR PRISONERS WITH CHILDREN

Staff

Linda Evans *Organizer*

Aaliyah Muhammad
Community Liaison

Dorsey Nunn
Program Director

Cassie Pierson
Staff Attorney

Maisha Quint
Advocacy Coordinator

Karen Shain
Administrative Director

Heidi Strupp
Advocacy Coordinator

Sasha Vodnik
*Technology &
Development
Coordinator*

Olivia Wang
Staff Attorney

Donna Willmott
Advocacy Coordinator

Board of Directors

Ellen M. Barry
Founding Director

Millard Murphy
Chair

Cynthia Martin
Vice Chair

Harriette Davis
Secretary

Denise Wells
Treasurer

George Galvis
Geri Green
Arthur League
Robin Levi
Claude Marks
Dorsey Nunn
Marina Pineda
Dale Rice
J.D. Saddler
Ayelet Waldman

July 19, 2006

Hello,

We are students from San Francisco State University working with Legal Services for Women with Children. We are visiting women to hear their personal stories about being pregnant in prison. We are writing a paper on how the prison treats pregnant women and how the prison deals with the health of your teeth. We want to hear your personal story because it is important for us to understand your views. We would like to come visit you in the prison and hear from you about your experiences being pregnant in Valley State Prison for Women (VSPW). Have you ever been pregnant at VSPW? Would you like to talk to us about how the prison treated you? We are not connected to the prison staff in any way and any conversations that we have with you will be fully confidential. In our paper, we will not use your name or any information that identifies who you are. If you are interested please contact us.

You can reach us by writing to:

Karen Shain
Legal Services for Prisoners with Children
1540 Market St., #490
San Francisco, CA 94102

Sincerely,

1540 Market St., Suite 490
San Francisco, CA 94102
415-255-7036

Fax: 415-552-3150

info@prisonerswithchildren.org

LEGAL SERVICES FOR PRISONERS WITH CHILDREN

July 19, 2006

Staff

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Robin Levi
Claude Marks
Dorsey Nunn
Marina Pineda
Dale Rice
J.D. Saddler
Ayelet Waldman

Hello,

We are students from San Francisco State University (SFSU) working with Legal Services for Prisoners with Children (LSPC). We are writing a paper on how the prison treats pregnant women and how the prison deals with the health of your teeth. We are interviewing women to hear their personal stories about being pregnant in prison. We want to hear your personal story because it is important for us to understand your views.

Have you ever been pregnant at Valley State Prison for Women (VSPW)? If yes, we would like to talk with you in person or on the phone, and hear from you about your experiences while you were pregnant at VSPW. Would you like to talk to us about how the prison treated you? We are not connected to the prison staff in any way and any conversations that we have with you will be fully confidential. In our paper, we will not use your name or any information that identifies who you are. If you are interested please contact us with your current phone number and we will call to arrange an interview.

You can reach us by writing to:

Karen Shain
Legal Services for Prisoners with Children
1540 Market St., #490
San Francisco, CA 94102

Sincerely,

1540 Market St., Suite 490
San Francisco, CA 94102
415-255-7036

Fax: 415-552-3150

info@prisonerswithchildren.org

APPENDIX F: ASSESSMENT TOOL

Date _____
Interviewer _____
Note Taker _____
Location _____

Section A: Personal Demographics

READ: IF AT ANY POINT YOU FEEL UNCOMFORTABLE ANSWERING ANY OF THE QUESTIONS ASKED PLEASE JUST LET ME KNOW AND WE'LL MOVE ON TO THE NEXT QUESTION. IT IS OKAY IF YOU DO NOT KNOW THE ANSWERS TO SOME OF THESE QUESTIONS OR IF YOU CHOOSE NOT TO ANSWER SOME OF THESE QUESTIONS. THIS INTERVIEW IS MEANT FOR ME TO LEARN THE INFORMATION YOU FEEL COMFORTABLE SHARING.

A-1 Have you heard of Legal Services for Prisoners with Children (LSPC)?

Yes ____1____ No ____2____ Don't Know ____8____ Refused ____9____

A-2 How old are/were you while you were pregnant at Valley State Prison for Women (VSPW)?

18-22 ____1____ 23-27 ____2____ 28-31 ____3____ 32-37 ____4____ 37 + ____5____
Don't Know ____8____ Refused ____9____

A-3a Are you pregnant now? *(Not applicable for former prisoners)*

*Yes ____1____ No ____2____ Don't Know ____8____ Refused ____9____

***A-3b** If yes, how far along are you?

Less than 3 months ____1____ 3 to 6 months ____2____ More than 6 months ____3____
Don't Know ____8____ Refused ____9____

A-4 How many children do you have (not including unborn baby)?

1 ____1____ 2 ____2____ 3 or more ____3____
Don't Know ____8____ Refused ____9____

A-5 Were you incarcerated during any of your other pregnancies?

Yes ____1____ No ____2____ Don't Know ____8____ Refused ____9____

A-6 What race or ethnicity do you identify with?

White ____1____ African American/Black ____2____ Latina ____3____
Asian/Pacific Islander ____4____ American Indian ____5____ Multi-racial ____6____
Other, specify _____7____
Don't Know ____8____ Refused ____9____

A-7 Who is/was part of your support network while at VSPW? *(Read the following list; check all that apply)*

Partner ____1____ Parent/s ____2____ Grandparent/s ____3____
Other Relatives ____4____ Friend/s ____5____ Other inmates ____6____

Agency _____7
Church _____ 10
None _____12
Other,specify _____11
Don't Know _____8
Refused _____9

A-8 What was your income source before you came to VSPW? *(Reminder we don't need to know too many details around how you made your money, we do not report this information. Read the following list; check all that apply)*

Employed F/T _____1
Employed P/T _____2
Unemployment Benefits _____3
Social Security _____4
County Cash Aid _____5
None _____6
Other,specify _____7
Don't Know _____8
Refused _____9

A-9 What was your monthly income level before coming to prison?

Less than \$500 _____1
\$500-\$1,000 _____2
\$1,001-\$1,500 _____3
More than \$1,500 _____4
Don't Know _____8
Refused _____9

A-10 What county are you from, before coming to VSPW? _____

A-11 What is/ was you total sentence (time commitment) at VSPW?

Less than 1 year _____1
1 to 3 years _____2
3 to 5 years _____3
More than 5 years _____4
Don't Know _____8
Refused _____9

Section B: Pregnancy at VSPW

READ: NOW I AM GOING TO ASK YOU SOME QUESTIONS ABOUT YOUR MOST RECENT PREGNANCY AT VSPW. IF YOU FEEL UNCOMFORTABLE AT ANY TIME PLEASE LET ME KNOW.

B-1 How many months of your pregnancy were spent at Valley State Prison for Women?

Less than 3 months _____1
3 to 6 months _____2
More than 6 months _____3
Don't Know _____8
Refused _____9

B-2 Overall, what was the experience of being pregnant in prison like for you?

B-3 How would you rate your experience of being pregnant in prison? On a scale of one to four.

1/Poor _____1
2/Fair _____2
3/Good _____3
4/Excellent _____4
Don't Know _____8
Refused _____9

B-4 How were you treated by different staff while you were pregnant at VSPW?

PROBE: medical staff, MTA, correctional officers, hospital staff

(Interviewer, in notes specify what type of staff did specific treatments)

| Staff | Comments |
|-------|----------|
| | |
| | |
| | |
| | |
| | |

B-5 How often did you see a medical provider?

More than once a month _____1 Once a month _____2 Less than once a month _____3

Never _____4 Don't Know _____8 Refused _____9

B-6 Did you receive any of the following types of prenatal care while you were at VSPW?

| Type of Prenatal Services | Received? *Yes—1 No—2 | If yes, Did you find this helpful? Yes—1 No—2 | Other Comments |
|---|-----------------------------|--|----------------|
| Visits with doctor/nurse/NP | | | |
| Listen to heartbeat | | | |
| Urine tests | | | |
| Ultrasound | | | |
| Pregnancy classes | | | |
| Labor Delivery classes | | | |
| Doula Program | | | |
| Educational Videos | | | |
| Educational handouts/things to read | | | |
| Dental Cleaning | | | |
| Prenatal Vitamins | | | |
| Amniocentesis | | | |
| Diabetes test (sugar drink) | | | |
| Additional food/snacks | | | |
| Other special services/treatment, please specify | | | |

B-7 What was good about your care?

B-8 What was bad about your care? (any complications)

B-9 What barriers did you have in getting your prenatal care?

Section C: Oral Health before and during time at VSPW

READ: NOW I AM GOING TO ASK YOU SOME QUESTIONS ABOUT YOUR ORAL HEALTH CARE BEFORE YOU CAME TO VSPW and WHILE YOU WERE AT VALLEY STATE.

C-1a How would you rate your oral health (the health of you mouth, teeth and gums) **before** you came to VSPW?

On a scale of one to four.

1/Poor_____1 2/Fair_____2 3/Good _____3 4/Excellent_____4

Don't Know _____8 Refused _____9

C-1b Can you explain why you chose this rating?

C-2 How did you feel about going to the dentist **before** you came to VSPW?

C-3a How would you rate your oral health (the health of you mouth, teeth and gums) while you were/are in VSPW?

On a scale of one to four.

1/Poor_____1 2/Fair_____2 3/Good _____3 4/Excellent_____4

Don't Know _____8 Refused _____9

C-3b Can you explain why you choose this rating?

C-4 When you were pregnant at VSPW, did your teeth or gums affect how you ate or what you ate?

Yes _____1 No _____2 Don't Know _____8 Refused _____9

C-5 How many times a day do/did you brush your teeth while at VSPW?

Once a day_____1 Twice a day_____2 Three times a day_____3

After every meal_____4 After I eat anything, even a snack_____5

Don't Know _____8 Refused _____9

C-6 How often do/did you floss your teeth while at VSPW?

Once a day_____1 Twice a day_____2 Three times a day_____3

After every meal_____4 After I eat anything, even a snack_____5

Don't Know ____8 Refused ____9

Interviewer, make note of flossing techniques:

C-7 How often do/did you get to drink water or rinse your mouth after a meal while at VSPW? Or a snack?

Once a day ____1 Twice a day ____2 Three times a day ____3
After every meal ____4 After I eat anything, even a snack ____5
Don't Know ____8 Refused ____9

C-8 Does/did the prison supply you with a toothbrush?

Yes ____1 *No ____2 Don't Know ____8 Refused ____9

***If NO, SKIP to question C-12.**

C-9 How often does/did the prison supply you with a toothbrush?

Monthly ____1 Every 2 months ____2 Every 3 months or more ____3
Don't Know ____8 Refused ____9

C-10a Is/was the toothbrush brush the prison supplies you with useful?

Yes ____1 *No ____2 Don't Know ____8 Refused ____9

***C-10b If NO, Please explain why not?**

C-11 Does/did the prison supply you with toothpaste?

Yes ____1 *No ____2 Don't Know ____8 Refused ____9

***If NO, SKIP to question C-14a.**

C-12 How often does/did the prison supply you with toothpaste?

Monthly ____1 Every 2 months ____2 Every 3 months or more ____3
Don't Know ____8 Refused ____9

C-13a Is/was the toothpaste the prison supplies you with useful?

Yes ____1 *No ____2 Don't Know ____8 Refused ____9

***C-13b If NO, Please explain why not?**

C-14 Does/did the prison supply you with dental floss?

Yes ____1 *No ____2 Don't Know ____8 Refused ____9

C-15 Do/did you choose to buy any of your own dental supplies?

*Yes ____1 No ____2 Don't Know ____8 Refused ____9

***C-15b If Yes, Which supplies did/do you buy?_____**

C-16a Does/did the prison given you any information on how to take care of your teeth?

*Yes ____1 No ____2 Don't Know ____8 Refused ____9

***C-16b If Yes, Please explain, What did they tell you about how to take care of your teeth?**

C-17 Did they mention how it might relate to your baby?

Yes _____1 No _____2 Don't Know _____8 Refused _____9

C-18 How many times in total, have you seen the dentist while you were pregnant at VSPW? (included during intake)

Once _____1 Twice _____2 Three times _____3 More than three _____4
Never _____5 Don't Know _____8 Refused _____9

C-19 What types of dental care did you received while you were pregnant at VSPW?

| Type of Dental Services | Received? *Yes—1 No—2 | * If yes, Did you find this helpful? Yes—1 No—2 | Other Comments |
|--|-----------------------------|--|----------------|
| Visual exam | | | |
| Dental cleanings | | | |
| X-rays | | | |
| Emergency care | | | |
| Fillings for cavities | | | |
| Tooth/teeth pulled | | | |
| Dental clearance for program eligibility (such as CPMP, Walden house...) | | | |
| Other special services/treatment, please specify | | | |

C-20 If yes to teeth pulled, What was the reason the dentist told you they pulled your teeth?

Section D : Labor and Delivery

If they are currently pregnant SKIP to Section E , question E-1.

READ: NOW I HAVE SOME QUESTIONS SPECIFIC TO YOUR LABOR AND DELIVERY WHILE YOU WERE AT VSPW.

D-1 What was your experience like when you went into labor?

D-2 Did you have any complications with your labor or delivery?

D-3 How long were you with your baby at the hospital?

Less than 1 day _____1 1 to 2 days _____2 3 to 4 days _____3
More than 4days _____4 Don't Know _____8 Refused _____9

D-4 Where did the baby go when he/she was discharged from the hospital?

Partner _____1 Parent/s _____2 Grandparent/s _____3
Other Relatives _____4 Friend/s _____5 CPS _____6
Foster Family _____7 Don't Know _____8 Refused _____

D-5 Where is the baby now?

| | | |
|------------------------|-------------------|----------------------|
| Partner _____1 | Parent/s _____2 | Grandparent/s _____3 |
| Other Relatives _____4 | Friend/s _____5 | CPS _____6 |
| Foster Family _____7 | Don't Know _____8 | Refused _____9 |

D-6 Were you shackled when you were transported to the hospital?

*Yes _____1 No _____2 Don't Know _____8 Refused _____9

D-7 Were you shackled when you were delivering the baby at the hospital?

*Yes _____1 No _____2 Don't Know _____8 Refused _____9

D-8 Were you shackled after you delivered the baby?

*Yes _____1 No _____2 Don't Know _____8 Refused _____9

***D-9** If YES to any D-6 through D-8, How did you feel about being shackled at that time?

Section E: Closing

READ: WE HAVE COMPLETED ALL THE SECTIONS OF OUR SURVEY. BEFORE WE FINISH I WOULD LIKE TO ASK YOUR PERSPECTIVE ON A COUPLE OF KEY QUESTIONS.

E-1 How did your **overall** experience being pregnant at VSPW compare with your experience being pregnant at the county facility you came from?

E-3 What is /was your primary concern while being pregnant at VSPW?

F-4 What would be your recommendation(s) to improve the health of pregnant women at VSPW?

If you have any questions, you can write or contact me at LSPC (get interviewee LSPC contact information).
I really appreciate the time you spent with me and thank you again for sharing your experiences.

(Interviewer, before ending interview ensure you have current outside contact information to mail participant final recommendations etc.)

Help your smile glow, And your baby grow

Taking care of your teeth While You Are Pregnant



How does the health of my mouth affect my pregnancy?

- Pregnant women with severely unhealthy gums may have their babies Preterm, this means they may be born too early and may be low birth weight.
- It is okay to have general dental work done when you are pregnant. If you need cavities taken care of, there are certain medications that are okay for pregnant women. You do not need to have these teeth pulled.
- Sometimes X-rays are needed and can't wait till after your pregnancy. Radiation from dental x-rays is low. You should always be given a protective lead apron to wear over your abdomen. If you are not given one, ask the dentist for one.



How can I keep my mouth healthy?

- Try to brush your teeth twice a day to remove plaque. Plaque is an invisible and harmful film of bacteria that forms on your teeth. If it is not brushed off then you can get tooth decay, cavities, unhealthy gums, loosening teeth or bad breath.
- Some toothbrushes have really hard bristles. Your gums are really sensitive, especially if you are pregnant, and can get hurt if you brush them too hard. Be gentle on them when you are brushing.
- Rinse your mouth well with water.
- Try to clean in between your teeth. This is easiest to do if you have dental floss. If you don't have floss try to use your brush.
- Dentists recommend you should get a couple of cleanings when you are pregnant to keep your mouth healthy.



Does pregnancy affect my gums?

- Yes, when you are pregnant your body's hormones change. These changes can make your mouth more sensitive. Gums might get red, swollen or sore and sometimes they may bleed when you brush your teeth.
- Sometimes women get a swollen growth on their gums; usually it is between the teeth. This is called a "pregnancy tumor". They bleed easy and look red and raw. Dentists can help with these. They usually go away after pregnancy.



Legal Services for Prisoners with Children (LSPC)

an advocacy organization helping provide legal assistance to prisoners with children

For general legal advice around child custody, visitation, divorce and other family law matters write to the following address:

Mailing Address

Legal Services for Prisoners with Children
1540 Market St., Suite 490
San Francisco, CA 94102

The following are some of the programs LSPC organizes, and the person to contact if you are interested in getting involved, or getting advice about the topic.

Advocate Training

Coordinates intern program and legal trainings for advocates regarding medical, human rights, family and prison law.

Contact: Aaliyah Muhammad, Community Liaison 415.255.7036 Ext. 305
aaliyah@prisonerswithchildren.org

All of Us or None

All of Us or None is a program organizing to affect prison policies, started by people who have been in prison, to fight against the discrimination that prisoners, former prisoners, felons, and family members of prisoners face every day.

Contact: Linda Evans, Organizer 415.255.7036 Ext. 311
linda@prisonerswithchildren.org

Contact: Dorsey Nunn, Program Director 415.255.7036 Ext. 312
dorsey@prisonerswithchildren.org

Contact: Tony Coleman, Organizer 415.255.7036 Ext. 308
tony@prisonerswithchildren.org

Family Law Support

LSPC provides general legal advice and referrals to prisoners and their loved ones around family law matters, including child custody, visitation and parental rights.

Contact: Cassie Pierson, Staff Attorney 415.255.7036 Ext. 310
cassie@prisonerswithchildren.org

Contact: Karen Shain, Administrative Director Ext. 313
karen@prisonerswithchildren.org

Family Member / Former Prisoner Advocacy Network

The Family Advocacy Network is a place where family members and friends of prisoners advocate for the safety and well-being of loved ones inside

Contact: Donna Willmott, Family Advocacy Coordinator 415.255.7036 Ext. 319
donna@prisonerswithchildren.org

Habeas Project

The Habeas Project assists battered women in California state prisons in seeking retrials or reduced sentences under the recently enacted Penal Code Section 473.5.

Contact: Marisa Gonzalez (Domestic Violence Issues) 415.255.7036 Ext. 309 (note: contact as of 09/06/05)
olivia@prisonerswithchildren.org

Women Prisoner Human Rights Work

LSPC visits women prisoners in California state prisons to investigate, expose, challenge and halt the human rights abuses women confront on a daily basis.

Contact: Maisha Quint, Advocacy Coordinator 415.255.7036 Ext. 306
maisha@prisonerswithchildren.org

Contact: Heidi Strupp, Advocacy Coordinator 415.255.7036 Ext. 321
heidi@prisonerswithchildren.org

APPENDIX I: PHONE SCRIPT FOR FORMERLY INCARCERATED WOMEN

Hello, my name is _____. I was calling because I wanted to let you know about a health assessment we are doing with Legal Services for Prisoners with Children. Do you remember LSPC? We wanted to see if you could participate in this assessment.

We are a team of five students from San Francisco State University and we are working with Legal Services for Prisoners with Children to conduct a Community Health Assessment looking at oral healthcare experiences of pregnant women at Valley State Prison for Women. We are trying to learn what dental care pregnant women in Valley State are getting. Many researchers have said that poor health of your mouth may have a negative effect on the baby such as preterm and low birthweight.

You were recommended to us by LSPC because you have been pregnant at VSPW. We are visiting women to hear their personal stories about being pregnant in prison. Could I ask you a few questions? All information is confidential. (If yes continue, if no thank them for their time):

- Were you at Valley State at some time since 1997?
- Were you pregnant while you were at Valley State?

(if yes to both continue, if no thank them for their time)

We are writing a paper on how the relationship between poor oral health for pregnant women in prison. We want to hear your personal story because it is important for us to understand your experiences. We hope to use the information to develop a plan with LSPC that may improve the oral health of pregnant women prisoners at VSPW.

We would like to talk with you in person or on the phone, and hear from you about your experiences while you were pregnant VSPW. **Any conversations that we have will be fully confidential.** We will not use your name.

Do you think you would like to participate?

(if yes continue, if no thank them for their time)

We would like to send you some information about the assessment and a consent form to participate. What is a good mailing address for you?

This interview will probably take about one and a half hours let's schedule a time when this would work best for you

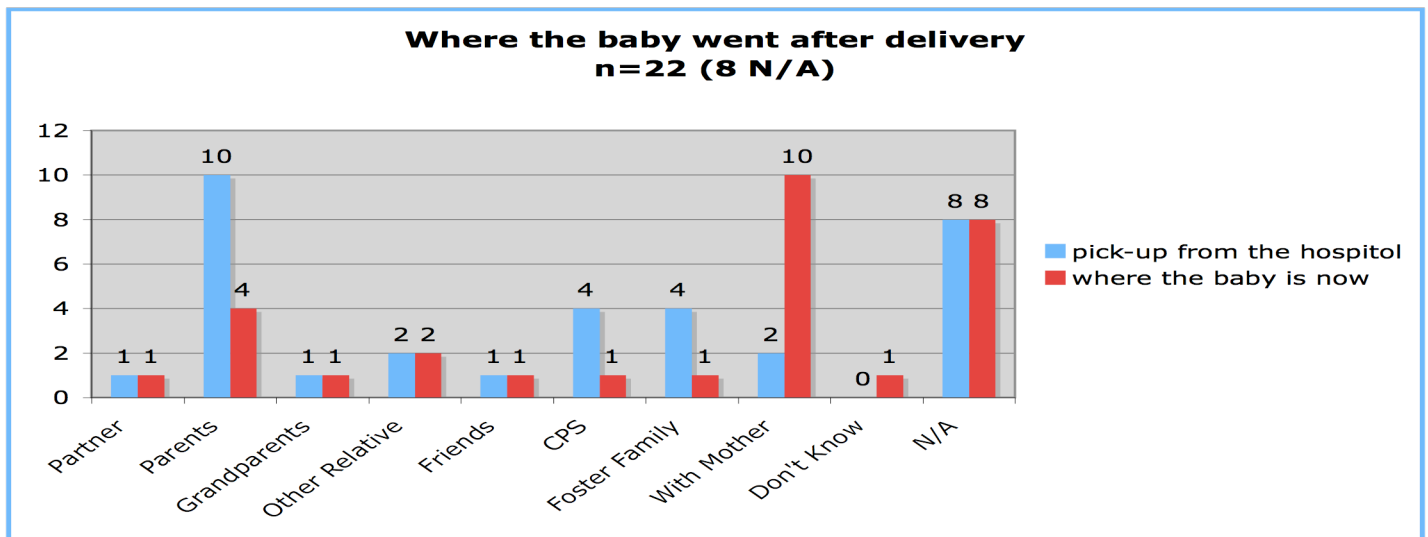
Thank you, I look forward to talking with you again on _____.

APPENDIX J: FURTHER FINDINGS

The fate of their babies was a huge concern for all the women in our sample. Of the 27 current prisoners we interviewed, 7 were pregnant at the time of the interview, 1 woman miscarried while in prison, 19 had delivered their baby while in custody (18 live births and 1 stillborn). Of the 3 former prisoners, all had delivered while in prison. Thus we had a total of 22 women in our sample who had delivered their babies while in custody.

"[Biggest concern was] having my baby, having to give her up; how hard it was going to be to separate....I was scared."

Figure 9



"I had a fear of giving birth at VSPW and being shackled. I did not want to deliver there,"

Figure 10 shows that 55% of the participants were shackled during transport to a County Hospital for delivery after going into labor, 86% were not shackled during delivery of the baby and 82% were shackled during the recovery period (2 days for normal delivery, 4 days for C-section), post delivery.

Figure 10

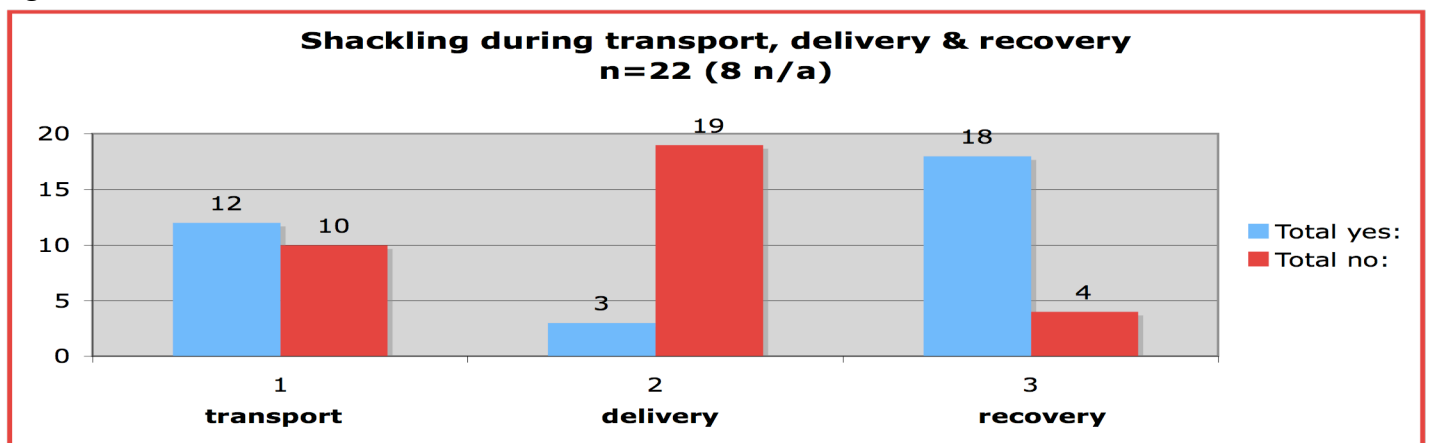
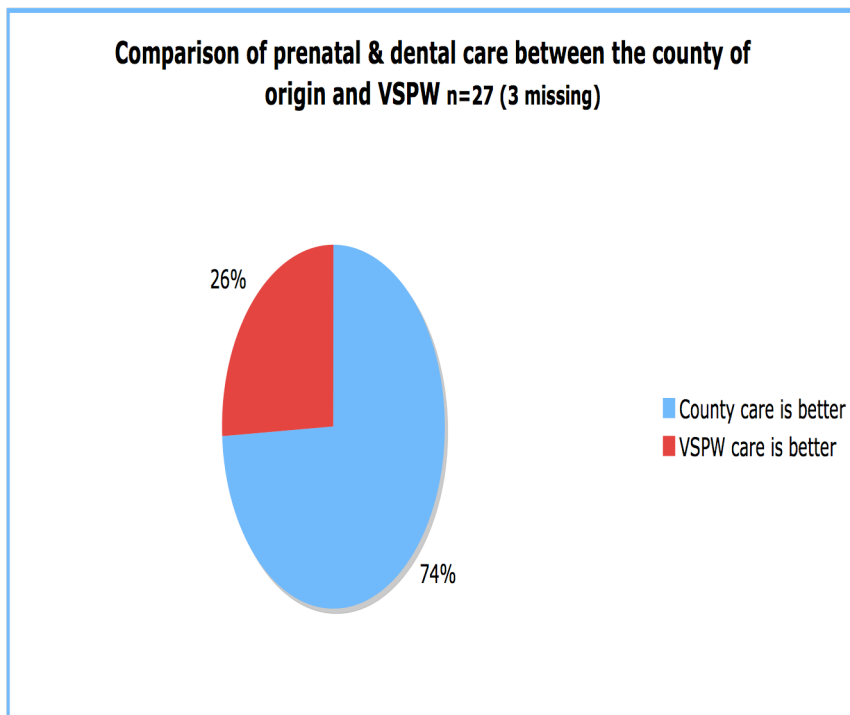


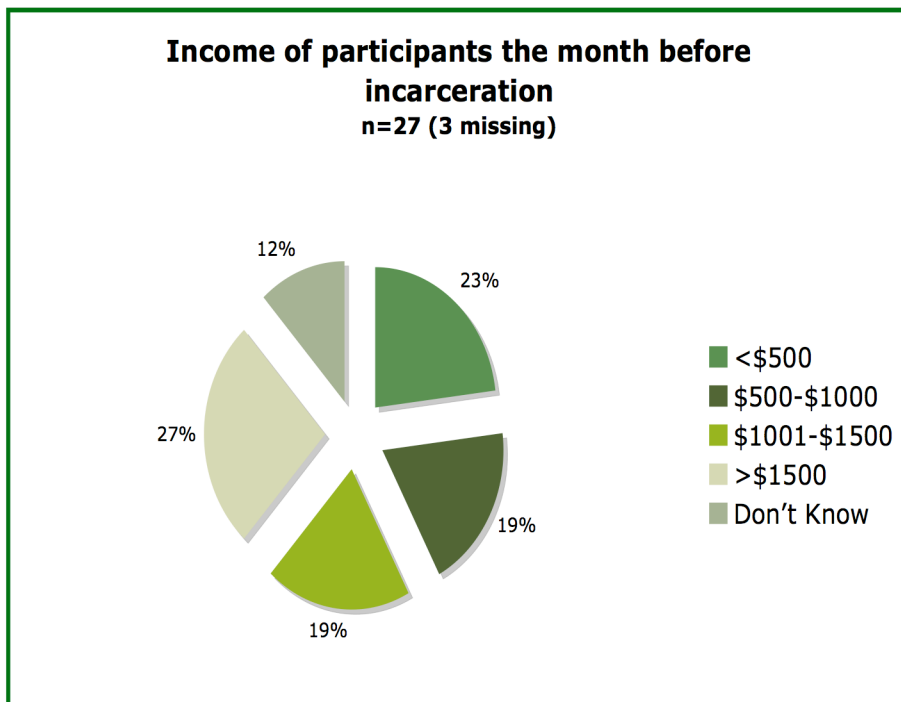
Figure 11



Of our sample, 20 women in stated the treatment and prenatal/dental care they received in their arresting/originating county correctional facilities (jail) was better than the care and treatment they received while at VSPW.

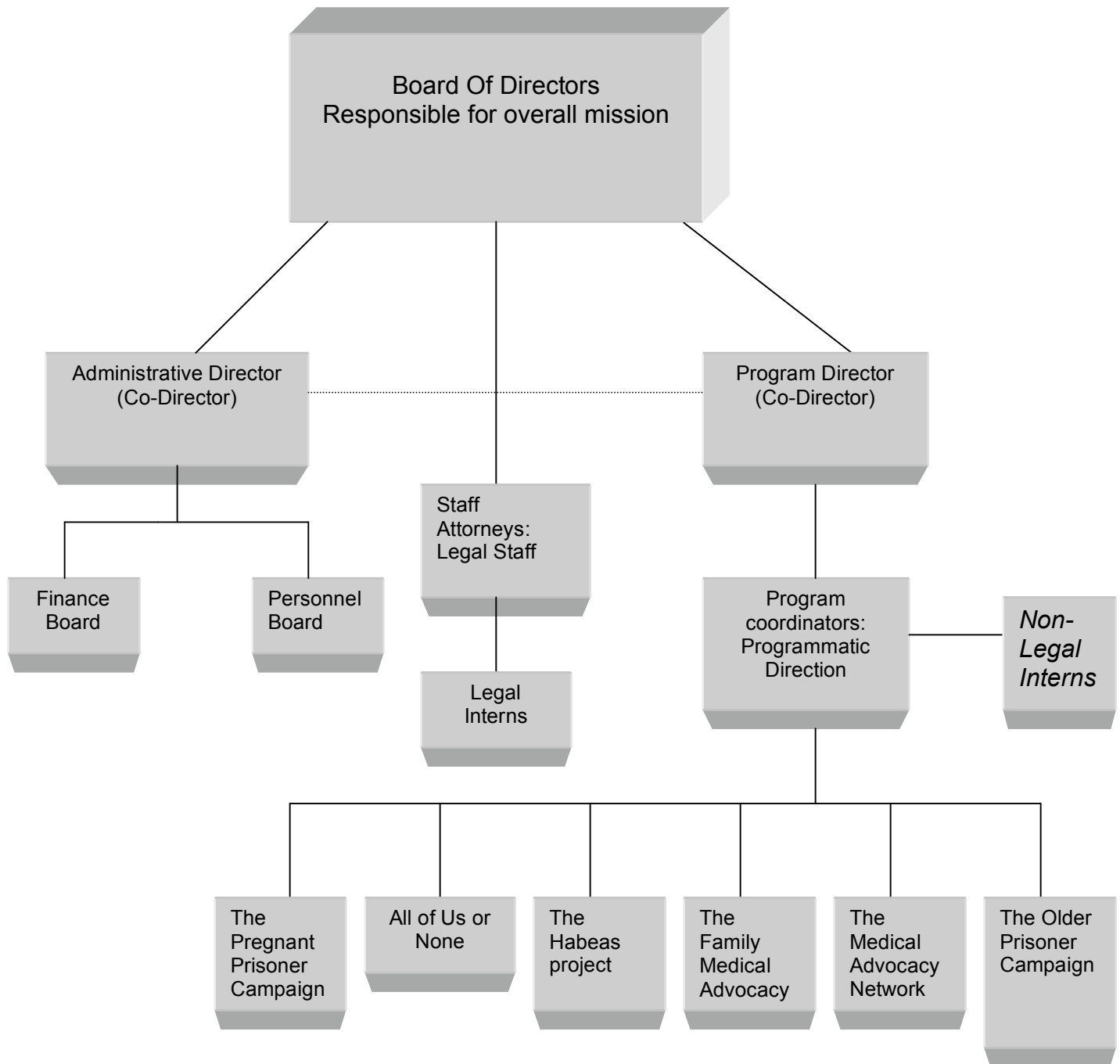
“County is better treatment, good doctors, very supportive, felt better, a lot nicer.”

Figure 12



The majority of the women who participated in the assessment had incomes below \$1,500 a month.

APPENDIX K: LSPC ORGANIZATIONAL CHART



REFERENCES

- Alameda County Refugee Health Program. (2000). Denti-cal: Health insurance for your teeth. [Brochure]. Retrieved April 2005, from [http://www.dhs.ca.gov/hisp/ochs/Dionne Evans Webpages/OCHS/refugeehealth/pdf/dental/Dental English REVISED Denti-Cal.PDF](http://www.dhs.ca.gov/hisp/ochs/Dionne%20Evans%20Webpages/OCHS/refugeehealth/pdf/dental/Dental%20English%20REVISED%20Denti-Cal.PDF)
- Alemagno, S.A., Wilkinson, M., Levy, L. (2004). Medical Education Goes to Prison: Why? *Academic Medicine*, 79(2), 123-127.
- Allston, A. (2002). Improving Women's Health and Perinatal Outcomes: The Impact of Oral Diseases. Women's and Children's Health Policy Center.
- Amar, S., Han, X. (2003). The Impact of periodontal infections on systemic disease. *Medical Science Monitor*, 9(12), 291-9 Retrieved April 1, 2005, from http://www.MediSci.Monit.com/pub/vol_9/no_12/3776.pdf
- American College of Obstetricians and Gynecologists (ACOG). (2004). *Health and Healthcare of Incarcerated Adults and Adolescent Females*. Special Issues in Women's Health.
- American Dental Association (2005). Retrieved from the American Dental Association Web site: <http://www.ada.org>
- American Dental Association (2003). Scaling and root planning may reduce preterm birth risk: study. Abstract retrieved November 29, 2005 from <http://www.ada.org/prof/resources/pubs/adanews/adanewsarticle.asp?articleid=423>
- Azevedo, A. & Isman, R. (2002, Fall). Women's Oral Health Status. *Comprehensive Perinatal Services Program Coordination Newsletter*, 1(2), pp. 1, 4. Retrieved April, 2005, from <http://www.mch.dhs.ca.gov/documents/pdf/2002%20Fall%20Final.pdf>
- Baldwin, K., Jones, J. (2000). Health Issues Specific to Incarcerated Women: Information for State Maternal and Child Health Programs. Women's and Children's Health Policy Center. Retrieved November 1, 2005 from the John Hopkins Bloomberg School of Public Health Web site: <http://www.jhsph.edu/WCHPC/Publications/>
- Boyer, E., Nielsen-Thompson, N., & Hill, T. (2002). A Comparison of dental caries and tooth loss for Iowa prisoners with other prison populations and dentate U.S. Adults. *The Journal of Dental Hygiene*, 76(2), 141-3.
- Breedlove, G. (2004). Prioritizing oral health in pregnancy. *Kansas Nurse Association*, 79(10), 4-6.
- California Department of Corrections and Rehabilitation (CDCR) Adult operations and adult programs (2005a) Retrieved November 16, 2005, from the California Department of Corrections Web site: <http://www.corr.ca.gov/CDC/mission.asp>.
- California Department of Correction and Rehabilitation (CDCR). Department of Corrections and Rehabilitation, Offender Information Services, Estimates and Statistical Analysis Section,

- Data Analysis Unit, (2005b) Reference Number: CENSUS1 Prison Census Data as of June 30, 2005. Retrieved November 27, 2005, from <http://www.corr.ca.gov/OffenderInfoServices/Reports/OffenderInformation.asp>
- California Department of Correction and Rehabilitation (CDCR). Offender Information Services Branch. Estimate and Statistical Analysis Section. Data Analysis Unit. (2002). California Prisoners & Parolees, 2002. Retrieved February 15, 2005, from the California Department of Corrections Web site: <http://www.corr.ca.gov/OffenderInfoServices/Reports/PopulationReports.asp>
- California Department of Correction and Rehabilitation (CDCR). Population Reports, Total Population, Weekly Report (2005c) Retrieved November 16, 2005, from the California Department of Corrections Web site: <http://www.corr.ca.gov/OffenderInfoServices/Reports/PopulationReports.asp>
- California Department of Correction and Rehabilitation (CDCR) Women and Children's Services Unit. Office of Community Resources. (n.d.). Program for inmate mothers.
- California Department of Correction and Rehabilitation (CDCR) (2005d). Valley State Prison for Women. Retrieved February 15, 2005, from http://www.corr.ca.gov/visitors/fac_prison_vspw.html
- California State Auditor (CSA). (2000). California Department of Corrections: Utilizing managed care practices could ensure more cost-effective and standardized health care. Retrieved April 1, 2005 from <http://www.bsa.ca.gov/bsa-htmls/summaries/99027.html>
- Centers for Disease Control, (2005). New Report Finds Improvements in Oral Health of Americans Retrieved November 8, 2005 from <http://www.cdc.gov/OralHealth/pressreleases/improvements.htm>
- CNN Law Center, (2005). Prisons adapt to female inmates. October 12, 2005. Retrieved October 12, 2005 from <http://www.cnn.com/2005/LAW/10/12/women.prison.ap/index.html>.
- Conklin, T., Lincoln, T., Flanagan, T. (1998). A Public Health Model to Connect Correctional Health Care with Communities. *American Journal of Public Health*, 88, 1249-1251.
- Estelle v Gamble, 429 U.S. 97, (1976).
- Flanagan, L.W. (1995). Meeting the Special Needs of Females in Custody: Maryland's Unique Approach. *Federal Probation*, 59(2) 49-54.
- Freudenberg, N. (2002). Adverse effects of US jails and prison policies on the health and well-being of women of color. *Journal of Urban Health*, 92(12), 1895-8.
- Gajendra, S., and Kumar, J. (2004). Oral health and pregnancy: A review. *New York State Dental Journal*, 40-4

- Gatherer, A., Moller, L., & Hayton, P. (2005). The World Health Organization European Health in Prisons Project After 10 Years: Persistent Barriers and Achievements. *American Journal of Public Health*, 95(10), 1696-1700.
- Greenfeld, L.A., & Snell, T.L. (1999). Women Offenders. Special Report, NCJ-175688. Retrieved April 15, 2005, from the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics Web site: <http://www.ojp.usdoj.gov/bjs/>
- Grinstead, O.A., Zack B., & Faigeles, B. (1999). Collaborative Research to Prevent HIV Among Male Prison Inmates and their Female Partners. *Health Education and Behavior*, 26(2), 225-238.
- Hammett, T.M., Gaiter, J.L., & Crawford C. (1998). Reaching seriously at-risk populations: Health interventions in criminal justice settings. *Health Education and Behavior*, 25(1), 99-120.
- Holahan, J. (1997) Expanding insurance coverage for children. Retrieved April 15, 2005 from the Urban Institute Web site: <http://www.urban.org/url.cfm?ID=306799>
- Jeffcoat, M.K., Geurs, N.C., Reddy, M.S., Cliver, S.P, Goldenberg, R.L., Hauth, J.C. (2001). Periodontal infection and preterm birth: Results of a prospective study. *The Journal of the American Dental Association*, 132, 875-80.
- Legal Services for Prisoners with Children (LSPC). (2005a). Grandparent and relative caregivers: The impact of incarceration on extended families. Retrieved April 20, 2005 from <http://www.prisonerswithchildren.org/issues/pwcgrc.htm>
- Legal Services for Prisoners with Children (LSPC). (2005b). Strategies for Change. Retrieved April 20, 2005 from <http://prisonerswithchildren.org/issues/litigation.htm>
- Levy, S. (2001). Balancing Physical Abuse by the System Against Abuse of the System: Defining "Imminent Danger" Within the Prison Litigation Reform Act of 1995. *Iowa Law Review*, Vol. 86 (1).
- Lydon-Rochelle, M., Krakowiak, P., Hujoel, P., & Peters, R. (2004) Dental Care Use and Self-Reported Dental Problems in Relation to Pregnancy. *American Journal of Public Health*, 94, 765-771.
- Medi-cal eligibility by Title number index. Retrieved April 15, 2005, from the California Department of Health and Human Services Web site: <http://www.dhs.ca.gov/publications/forms/Medi-Cal/eligibilitybytitle.htm>
- Metzer, A. (2001). *Class action litigation in correctional psychiatry*. American Academy of Psychiatry and the Law. January 2002. V27 (1). pp. 1-2.
- McKinley Health Center. Dental/Oral Care During Pregnancy. Retrieved April 2005, from: <http://www.mckinley.uiuc.edu>

- Public Policy Institute of California (2004). Retrieved November 27, 2005, from:
www.ppic.org/content/pubs/JTF_womendiversityJTF.pdf
- Richie, B., Freudenberg, N., Page, J. (2001). Reintegrating women leaving jail into urban communities: A description of a model program. *Journal of Urban Health*, 78, 290-303
- Shumate v. Wilson. CIV.S-95-619, (E.D. Cal. 1995).
- Sterngold, J. (2005a, April 15). Prison Health Care in State of Crisis. *San Francisco Chronicle*, pp..
- Sterngold, J. (2005b, July 1). Prison Health Care Taken From State. *San Francisco Chronicle*, pp..
- Stoller, N. (2000). Improving Access to Health Care for California's Women Prisoners. California Program on Access to Care.
- Treadwell, H.M., Formicola, A.J. (2005). Improving the Oral Health of Prisoners to Improve Overall Health and Well-Being. *American Journal of Public Health*. 95(10), 1677-1678.
- US Dept of Health and Human Services. (2000). *Tracking Healthy People 2010*. Retrieved May 21, 2005 from the US Dept of Health and Human Services, Health People 2010 web site:
<http://www.healthypeople.gov/document/tableofcontents.htm>
- US Department of Justice, National Institute of Corrections. Correctional Health Care: Guidelines for the Management of an Adequate Delivery System 2001 Edition (Chapter IX, Women's Health Needs and Services & Chapter X, Health Promotion and Disease Prevention) Retrieved April 2005, from: <http://nicic.org/Library/017521>
- Utah Department of Health. (2003). UDOH Recommends Second Trimester Dental Cleaning to Help Reduce the Chance of Babies Born Too Early & Too Small. Retrieved, April, 2005 from www.health.utah.gov/pio/nr/2003/1028-DentalPrenatal.pdf
- Warren, J. (2005, November 14). Study: California Prisoners Dying of Bad Healthcare. *LA Times*, Retrieved November 14, 2005. http://www.latimes.com/news/local/la-111405prison_lat.0.2278855.story?coll=la-tot-promo
- Women prisoners: Gender specific standards for women in prison task force, S.B. 617, CA State Senate (2005). Retrieved May 10, 2005, from:
<http://democrats.sen.ca.gov/templates/SDCTemplate.asp?pg=senlegislation&cp=MemberPage&sln=Speier&sdn=08>